050449913 02/16/2009 7 34 AM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2008 Open to Public Inspection

<u> </u>	_For the 2008	8 calendar year, or tax year beginning, and ending			
В	Check if applicab	1 · · · · · · · · · · · · · · · · ·		D Employe	er identification number
	Address change	use IRS Last Chance Corral			
	Name change	print or Doing Business As		05-0	449913
П	Initial return	type Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
H		See Specific 5350 RT 33		740-	594-4336
⊢	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross receipt	230,977
닏	Amended return			ļ	
	Application pend	f Name and address of principal officer		H(a) Is this a g	
				affiliates? H(b) Are all aff	filiates 🖂 🖂
				included?	
_	Tay ayamat a	status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		I II IVO, ai	tach a list (see instructions)
÷	Tax-exempt s Website:		-	H(c) Coun ex	emption number
, K			ear of formation	1	State of legal domicile
*****	Part I	Summary	Car Or Ionniadon] ***	Custo or regar dorniere
2		ly describe the organization's mission or most significant activities			
•	-	naritable-Saving unwanted Horses			
Š		•			
Activities & Governance					
Š	2 Chec	ck this box Fig. if the organization discontinued its operations or disposed of more than	25% of its asse	ets	
<u>ග</u>	3 Numt	ber of voting members of the governing body (Part VI, line 1a)		3	
es	4 Numb	ber of independent voting members of the governing body (Part VI, line 1b)		4	·
Z.	5 Total	I number of employees (Part V, line 2a)		5	
V cti	6 Total	I number of volunteers (estimate if necessary)		6	
`		gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
_	b Net u	unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
e=7 e	8 Contr	ributions and grants (Part VIII, line 1h)	32	6,155	230,977
	9 Progr	ram service revenue (Part VIII, line 2g)			
4 2009, Revenue	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)			
⊘ 3		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32	6,155	230,977
_		I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	0,133	230,911
MAR	1	tts and similar amounts paid (Part IX, column (A), lines 1-3)			
		efits paid to or for members (Part IX, column (A), line 4) ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8	9,263	47,672
JANED Expenses	16a Drofe	essional fundraising fees (Part IX, column (A), line 11e)		5,205	11,012
NED Expense	h Total	I fundraising expenses (Part IX, column (D), line 25) 6,857			
	17 Other	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25	5,036	174,011
\overline{a}	18 Total	expenses AR mes 13 Vibust equal Part IX, column (A), line 25)		4,299	221,683
SCAN	19 Reve	enue less expenses Gubtract line 18 from line 12		8,144	9,294
€ £	88	10	Beginning (End of Year
Net Assets	ह्य 20 Total	l asset (Part MARe 18) 4 2009		4,812	24,106
et A	물 21 Total	l liabil ties (Part X, line 26)		1,069	21,069
		assets or fund talances Cubtract-line 21 from line 20	_	6.257	3,037
_!	Part II	Signature Block-IV, UI			
		Under penalties of perjury, I declare that I have examined this return, incliand belief, it is true_correct, and complete Declaration of preparer (other			
0:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	gn	- WALESCO			
н	ere	Signature of officer Victoria Goss			
		Type or print name and title			
_		A 1.			
Pa	aid	Preparer's supporting Port Cm3 to CD3			
	eparer's	signature Pat Smith CPA / Work (
	se Only	Firm's name (or yours of self-employed). Financial Accounting PO Box 805			
	- 1	address, and ZIP + 4 Athens, OH 45701			
N.A.	v the IRS de	scuss this return with the preparer shown above? (see instruction			
IVIC	iy ule itsə ük	scass this territi and the higher shown above, (see highretin			

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separa

4d	Other program services (I	Describe in Sch	edule O)			
_	(Expenses \$	15,769	including grants of \$) (Revenue \$)	
<u> 1</u> 2	Total program service ex	penses > \$	214.826	(Must equal Part IX Line 25, column (B))	 	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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? If "Yes," complete	,		x
5	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			x
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	- ''		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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 questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		x
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	204		
Ü	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	255		
_0	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
-	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	990	(2008)

Form 990 (2008) Last Chance Corral

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	_28a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

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ra	Statements Regarding Other IRS Filings and Tax Compliance						
4.	Extend the number consisted in Poy 2 of Form 1006. Annual Common and Transmitted of					Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	- ŏ				
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep						
·	gaming (gambling) winnings to prize winners?	ortabil	-		1c		X
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				-10		- 22
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return				2b	l	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	113:					
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	1 hv					
	this return?	,			3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a		uthorif	tv				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		-,				
	account)?				4a		X
ь	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 I	Bank					
	and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?				5c		
6a	Did the organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than					
_	\$75?				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S			_	l	₩.
-4	required to file Form 8282?	ادوا			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	eisona	11		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	nc+2			7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	ict:			7g		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			79		
••	required?				7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	ion					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon						
	organization, have excess business holdings at any time during the year?	Ū			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a_		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	,			9b		X
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter		1				
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1) 		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				L	

Form	1 990 (2008) Last Chance Corral 05-0449913		F	Page 6
	Governance, Management, and Disclosure (Sections A, B, and C request information a required by the Internal Revenue Code.)	bout policies		-3
Sec	tiòn A. Governing Body and Management	<u> </u>		
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	<u>16b</u> _		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH Section \$400 and \$000 T (500(a) and \$000 T)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
46	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Victoria Goss 5350 Pomeroy Rd			

OH 45701

Athens

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B) Average	Pos	ition ((Chec	C) k all t	hat a	(vlga	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Victoria Goss Director								5,110	0	
Victoria				-					-	
		+		X				0	0	
		+								
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							_			
		1		Г	Ī					

Ame and titic Average hours per week Average hours				s, Ke	y Er	nplo	yees	, an	05-044 d Highest Compensated		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization by 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· (Å)	(B) Average hours per	Pos	ition ((chec	C) k all t	hat a	oply)	(D) Reportable compensation	(E) Reportable compensation	Estimated amount of
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	Total Total Total and the O Did the organization list any forme employee on line 1a? If "Yes," con For any individual sited on line 1a the organization and related organization and related organization individual sited on line 1a the organization and related organization individual sited on line 1a reservices rendered to the organization B. Independent Contractors Complete this table for your five his compensation from the organization the organization compensation from the organization.	Wook	rector	tutional trustee	ær	employee	nest compensated loyee	ner	the organization	organizations	compensation from the organization and related
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization				-							
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	 										
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization						_					
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											*****
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Scripton B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Name and business address Description of services Compensation from the organization of services Total number of independent contractors (including those in 1) who received more than \$100,000 in	Total							<u> </u>	<u> </u>		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 stition B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization of services (C) Name and business address Description of services Total number of independent contractors (including those in 1) who received more than \$100,000 in		ividuals (including those	in 1a)	wno	rece	eivea	mor	e tna	in \$100,000 in reportable	compensation from the	Yes
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Stion B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Total number of independent contractors (including those in 1) who received more than \$100,000 in	employee on line 1a	a? If "Yes," complete Sc	hedule	J for	suc	h inc	lividu	al			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) (C) Name and business address Description of services Compensation of services Total number of independent contractors (including those in 1) who received more than \$100,000 in	the organization and individual Did any person liste	d related organizations of ed on line 1a receive or a	reater accrue	than com	\$15 pens	0,00 atıoı	0? If	"Yes n an	s," complete Schedule J for y unrelated organization for	or such	
Compensation from the organization (A) Name and business address Description of services Compensation from the organization (C) Compensation from the organization (C) Compensation of services Compensation from the organization (C) Compensation from the organization (C) Compensation of services Compensation of servi	ction B. Independent	Contractors								than \$100,000 of	
Total number of independent contractors (including those in 1) who received more than \$100,000 in		the organization	•					1		•	(C)
		. Tame and oddinoss dugicess							50001		Company
											
							-				
Whitehadiun nulli lie ulualization 🗲			cluding	tho	se in	1) v	vho r	ecei	ved more than \$100,000 in	n	

Pa	rt V	III Staten	nent of Rev	<u>renue</u>						
	٠	`					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
88	12	Federated car	mpalane	1a	<u></u>			revenue		512, 513, or 514
E al	I d			-						
PE	D	Membership d		1b						
a g	C	Fundraising ev		1c						
<u>giā</u>	d	Related organ	izations	1d						
Siris	е	Government grants	(contributions)	1e						
E E	f	All other contribution								
흔힘		and similar amounts	not included above	1f	2	30,977				
들	g	Noncash contributio	ns included in lines	1a-1f \$						
ပ္	h	Total. Add line	es 1a-1f			▶	230,977			
Program Service Revenue Contributions, gifts, grants						Busn. Code			`	
Š	2a									
2	b									
Š	С									
Ş	d									
툁	е									
ğ	f	All other progr	am service rev	venue				-		
ا ية	g	Total. Add line				•				
	3	Investment inc		g divide	nds, intere	st, and				
		other similar a	mounts)	_		▶				
	4	Income from I	nvestment of t	ax-exen	npt bond p	roceeds ▶				
	5	Royalties				▶ [
- 1		•	(ı) Rea		(II) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)								
	d	Net rental inco	•			—		,		
		Gross amount from		ties	(11)	Other				
		sales of assets			`		•			
	b	other than inventory Less cost or other								
	~	basis & sales exps								
	С	Gain or (loss)			 					
	d	Net gain or (lo	L			•		,		į
		Gross income from		vents					 	
흵	-	(not including \$	om randraioning o	*01160						
립		of contributions	reported on line 1	1c)						
Other Reven		See Part IV, line		.o, a						
<u> </u>	ь	Less. direct ex		b						
됐	c	Net income or	•	_		•	•	•		
	_	Gross income from			9 0.0	·				-
	••	See Part IV, line		а						
	b	Less direct ex		b						
		Net income or	•	mina a	ctivities	•				
		Gross sales o								
		returns and al	=	а						
	b	Less cost of		b						
		Net income or	=	les of ir	ventory	•		•		
ı			ellaneous Reven			Busn. Code				
i	11a							,		
	b									
	C									
	d	All other rever	ıue							
		Total. Add line				▶				
		Total Revenu		n, 2a. 3.	4, 5, 6d. 7	, , , , , , , , , , , , , , , , , , ,				
		9c, 10c, and 1				_	230,977	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			are necrequired to comp	(B), (G), and	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U S. See Part IV, lines 15 and 16		-		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,110	5,110		
6	Compensation not included above, to disqualified	3,110	3,110		
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	42,562	42,562		
8	Pension plan contributions (include section 401(k)	/			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				T
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	0.100	0.106		
13	Office expenses	2,106	2,106		
14	Information technology				
15	Royalties	5,177	E 177	·-	
16 17	Occupancy Travel	9,914	5,177 3,057		6,857
18	Payments of travel or entertainment expenses		3,037		6,657
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			<u>-</u>	
21	Payments to affiliates		_	· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	4,502	4,502	·	·
23	Insurance	4,051	4,051		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	00 601	00 601		
a	Feed, grain, milk etc	28,601	28,601		
b	Horse Purchase	18,853	18,853		
C	Vet Barns-Fences etc	15,262 14,726	15,262		<u> </u>
d	Gas	13,314	14,726 13,314		
e f	All other expenses	57,505	57,505	-	
25			214,826		6,857
26			214,020		0,037
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

	art)	Balance Sheet		(A)		(B)		
_	T			Beginning of year	 	End of		
	1	Cash—non-interest bearing		3,558			L7,3	<u> 154</u>
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors,	trustees, key					
		employees, or other related parties Complete Part II of	Schedule L		5			
	6	Receivables from other disqualified persons (as defined	under section					
		4958(f)(1)) and persons described in section 4958(c)(3)((B) Complete					
		Part II of Schedule L			6			
ţ	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8			
ĕ	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment cost basis	10a 47,	577				
	b	Less accumulated depreciation. Complete						
		Part VI of Schedule D	10b 40,	825 11,254	10c		6,7	<u>/52</u>
	11	Investments—publicly traded securities			11			
	12	Investments—other securities See Part IV, line 11			12			
	13	Investments—program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)	14,812	16		24,1	<u> 106</u>
	17	Accounts payable and accrued expenses			17			
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule I	ס		21			
Ħ	22	Payables to current and former officers, directors, truste	es, key					
ab		employees, highest compensated employees, and disqu	ualified					
Ξ		persons Complete Part II of Schedule L		21,069	22	2	21,0	<u>)69</u>
	23	Secured mortgages and notes payable to unrelated third	d parties		23			
	24	Unsecured notes and loans payable			24	_		
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		21,069	26		21,0	<u>)69</u>
Inces		Organizations that follow SFAS 117, check here ▶ 2	🕻 and					
2		complete lines 27 through 29, and lines 33 and 34.						
Bala	27	Unrestricted net assets		-6,257	27		3,0	<u>)37</u>
00	28	Temporarily restricted net assets			28			
or Fund	29	Permanently restricted net assets	1-4		29			
Ī		Organizations that do not follow SFAS 117, check he	re▶ [_]					
ō		and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31			
Ä	32	Retained earnings, endowment, accumulated income, o	r other funds		32			
Net	33	Total net assets or fund balances		-6,257	33		3,0	_
	34	Total liabilities and net assets/fund balances		14,812	34		24,1	106
<u>P</u>	art)	Financial Statements and Reporting						
				7			Yes	No
1		• • • • • • • • • • • • • • • • • • • •	Cash	Other				
2		ere the organization's financial statements compiled or re-		accountant?		2a		
		ere the organization's financial statements audited by an i				2b		
(Yes" to lines 2a or 2b, does the organization have a comi						
		e audit, review, or compilation of its financial statements a	•			2c		
3		a result of a federal award, was the organization required	I to undergo an audit or au	dits as set forth in				
		e Single Audit Act and OMB Circular A-133?				3a		
) If "	Yes," did the organization undergo the required audit or a	udits?			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

inspection

Nam	e of t	he organizatio	n Last Chance	Corral							loyer idei -044			umber
P	ırt I	Reas		Status (All organizations	must o	complet	e this	part.)	(see i					
The	orga			se it is (Please check only one				·	·					
1	Ň			sociation of churches described	-		1)(A)(i).							
2	П		cribed in section 170(b)(1)(- / - / - / - / - / -							
3	П			ce organization described in se	ction 170	(b)(1)(A)(iii). (Atta	ch Sch	edule H)				
4	П			d in conjunction with a hospital							ospital's r	name.		
	_	city, and stat	•					/\ · /\ · ·/\ ·	,			,		
5				of a college or university owned	or operat	ed by a d	overnm	ental un	ıt descri	bed in				
•	_	_	b)(1)(A)(iv). (Complete Part	•	C. Opc.a.	, . <u>.</u>								
6	\Box	,		overnmental unit described in s	ection 17	O(b)(1)(A	Mv)							
7	X		-	substantial part of its support fro				from the	e genera	al public	2			
	_	=	section 170(b)(1)(A)(vi). (C		J				9					
8	П			I70(b)(1)(A)(vi). (Complete Part	:11)									
9	П	•		1) more than 33 1/3 % of its sup	•	contribut	ions. me	embersh	no fees.	and or	oss			
	_	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 t	- he organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III)							
10		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). (see instructions)												
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	r to carr	y out the	е				
		purposes of o	one or more publicly support	ed organizations described in s	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	1			
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	mplete li	nes 11e	through	11h					
		а 🗌 Туре	I b Type II	c Type III-Function	ally Integr	ated	d	🗌 Тур	e III–Ot	her				
е		By checking t	this box, I certify that the org	ganization is not controlled direc	tly or indii	ectly by	one or m	ore disc	qualified					
		persons othe	r than foundation managers	and other than one or more pul	blicly supp	orted org	ganızatıc	ns desc	ribed in	section	า			
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting					
		organization,	check this box											
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of th	ne							
		following per	sons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in ((II)			_		Yes	No
		and (III)	below, the governing body o	f the supported organization?							[1	11g(i)		L
		(ii) A famıly	member of a person describ	bed in (i) above?							1	11g(ii)		
			•	described in (i) or (ii) above?							[1	11g(iii)		
h		Provide the f	following information about t	he organizations the organization	on suppor	ts								
(l)	Name	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	ls the	(vi	i) Amo	unt of	
	org	anızatıon		(described on lines 1–9 above or IRC section	,	sted in your		nization in of your	organizat	on in col zed in the		supp	ort	
				(see instructions))	governing	document?		port?		S?				
				,	Yes	No	Yes	No	Yes	No				
			<u></u>				<u> </u>							
									ļ					
					ļ								_	

Total

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Page 3 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) 2004 (d) 2007 (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 5 furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 18 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. 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

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

Page 4

Schedule A (Form 990 or 990-EZ) 2008 Last Chance Corral 05-0449913

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

lame of the organization

Employer Identification number

ralli	e or the organization			Employe	er identification nu	mbe	ſ
L	ast Chance Corral			05-0	449913		
	Organizations Maintaining Donor Advised Further organization answered "Yes" to Form 990,			Account	ts. Complete	if	
	the organization answered Tes to Form 990,	Tailiy	(a) Donor advised funds	(b)	Funds and other ac	count	
_	Tabel symbol of and of year		(a) Donor advised funds	(0)	Funds and Other ac	.count	
1	Total number at end of year			· · · · · · · · · · · · · · · · · · ·	_		
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year	<u> </u>		L			
5	Did the organization inform all donors and donor advisors in writing tha				П.,	Г	٦
	funds are the organization's property, subject to the organization's excl		<u> </u>		∐ Yes	L	」No
6	Did the organization inform all grantees, donors, and donor advisors in	-	•				
	used only for charitable purposes and not for the benefit of the donor o	r donor	advisor or other			_	٦
	impermissible private benefit?				Yes		No
P	art II Conservation Easements. Complete if the orga	anizati	on answered "Yes" to For	m 990,	Part IV, line 7	<u>. </u>	
1	Purpose(s) of conservation easements held by the organization (check	all that	apply)				
	Preservation of land for public use (e g , recreation or pleasure)	Щ	Preservation of an historically im	iportant lai	nd area		
	Protection of natural habitat		Preservation of certified historic	structure			
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a qualified conservation	contribu	tion in the form of a conservation	easemen	t		
	on the last day of the tax year						
					Held at the End	i of t	ne Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			-
c		luded in	(a)	2c			
d			` '	2d			
3	Number of conservation easements modified, transferred, released, ex		ed, or terminated by the organiza	tion during	g		
•	the taxable year	J	,	•	•		
4	Number of states where property subject to conservation easement is	located	•				
5	Does the organization have a written policy regarding the periodic mon						
•	enforcement of the conservation easements it holds?		mopositori, troitationo, and		Yes	Γ	No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	ng ease	ments during the year			_	-
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e						
8	Does each conservation easement reported on line 2(d) above satisfy						
U	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ine requ	inements of section		Yes	Γ	No
9	In Part XIV, describe how the organization reports conservation easem	ante in	its revenue and expense stateme	nt and		_	
9	balance sheet, and include, if applicable, the text of the footnote to the						
	the organization's accounting for conservation easements	organiz	ation o initiation statements that t	200011000			
P	art III Organizations Maintaining Collections of Art,	Histo	rical Treasures, or Other	Similar	Assets.		
	Complete if the organization answered "Yes" to	Form	990. Part IV. line 8.	•a.			
_				_			
4.	If the organization elected, as permitted under SFAS 116, not to report	in ito ro	wonup statement and halance sh	eet works	of		
10	art, historical treasures, or other similar assets held for public exhibition						
	provide, in Part XIV, the text of the footnote to its financial statements t			i public sc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	provide, in Part XIV, the text of the foothole to its illiancial statements t	ınat ues	clibes these items				
_	If the ergenization elected, as permitted under SEAS 446, to report in	to rouge	we statement and halance sheet	worke of a	urt .		
D	If the organization elected, as permitted under SFAS 116, to report in it						
	historical treasures, or other similar assets held for public exhibition, ed	ucation	i, or research in furtherance of pu	DIIC SEIVIC	€,		
	provide the following amounts relating to these items				•		
	(i) Revenues included in Form 990, Part VIII, line 1				. *		
	(ii) Assets included in Form 990, Part X				* *		
2	If the organization received or held works of art, historical treasures, or			ovide the			
	following amounts required to be reported under SFAS 116 relating to	these ite	ems				
а	Revenues included in Form 990, Part VIII, line 1			•	· \$		
b	Assets included in Form 990, Part X			•	· \$		

<u>Sche</u>	dule D (Form 990) 2008 Last Chan	ce Corral		<u> 05-04</u>	49913	Page 2				
Pa	art III Organizations Maintaining	Collections of Art, I	Historical Treas	sures, or Other	Similar Ass	sets (continued)				
3	3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а	Public exhibition	d \prod Loan o	r exchange progran	ne						
b	Scholarly research	e Other	r excitatige prograt	113						
c	Preservation for future generations	e 🗀 Otiloi				_				
		Uk								
4	Provide a description of the organization's co Part XIV	ilections and explain now t	ney turtner the orga	inization's exempt pi	urpose in					
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of t	he organization's c	ollection?		Yes No				
Pa	Trust, Escrow and Custod				ed "Yes" to	Form 990,				
	Part IV, line 9, or reported a									
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or ot	her assets not		п., п.,				
	included on Form 990, Part X?					∐ Yes ∐ No				
b	If "Yes," explain the arrangement in Part XIV	and complete the following	table			A				
					<u> </u>	Amount				
С					1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
	Did the organization include an amount on Fo	orm 990, Part X, line 21?				∐ Yes ☐ No				
	If "Yes," explain the arrangement in Part XIV		1407 1	. F. 000 B	1 15 4 15 - 4					
Pâ	ert V Endowment Funds. Comp									
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four years back				
1a	Beginning of year balance									
b	Contributions				ļ					
	Investment earnings or losses									
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u></u>					
2	Provide the estimated percentage of the year	end balance held as								
а	Board designated or quasi-endowment 🕨 _	%								
b	Permanent endowment ▶%									
C	Term endowment ▶ %									
3a	Are there endowment funds not in the posses	ssion of the organization th	at are held and adn	ninistered for the						
	organization by					Yes No				
	(i) unrelated organizations					3a(i)				
	(ii) related organizations					3a(ii)				
b	If "Yes" to 3a(II), are the related organizations	s listed as required on Scho	edule R?			_3b				
4	Describe in Part XIV the intended uses of the									
Pa	art Vi Investments—Land, Build	<u>ings, and Equipmen</u>	t. See Form 99	<u>0, Part X, line 1</u>	0.					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other	' '	preciation	(d) Book value				
1a	Land									
	Buildings									
	Leasehold improvements	-				_				
	Equipment					_				
	Other		47	,577	40,825	6,752				
	I. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X, column (6,752				

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 Last Chance Corral		05-0449913	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	r market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other	_		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
			······································
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			<u></u>
Part IX Other Assets. See Form 990, Part X, line 15.		i	/f-) D - 1 - 1
(a) Description			(b) Book value
- · · · · · · · · · · · · · · · · · · ·		-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line 25	5.	·	
(a) Description of liability	(b) Amount		 ,
Federal income taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
In Part XIV, provide the text of the footnote to the organization's financial state	ements that reports the or	ganization's liability for	
uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2008 Last Chance Corral	05-044991	3	Page 4
Pa	rt XI · Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	·	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
Pa	Reconciliation of Revenue per Audited Financial Statement	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[]		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per F	Retur	'n
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin			
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 4b		
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Schedule D (F	orm 990) 20	08 I	Last	. Ch	anc	e (Corr	al								05	-0	449	91	3					F	Page	5
Schedule D (F	Suppler	nenta	l Info	rmati	on (c	ontin	ued)																				_
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

lacktriangle To be completed by organizations that 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. OMB No 1545-0047 2008

Open To Public Inspection

Name of the o					-		Emplo	•			numb	ber	
	Last Chance Corr						05-	044	199	<u>13</u> _			
Part I	Excess Benefit Transactions (see To be completed by organizations that ans	ction 501 wered "Y	(c)(3) a 'es" on	nd section Form 990,	501(c)(4) orga Part IV, line 2	anizations onl 5a or 25b, or	y) Form 990-E	Z, Par	t V, lı	ne 40	b		
4	(a) Name of disqualified person		-	(h) December			-		(c) C	Corrected?			
1	(a) Name of disquamed person	-				(b) Description	or transaction				Yes	1	No
		-										+	
									 .		<u> </u>	-	
under s	he amount of tax imposed on the organization section 4958 he amount of tax, if any, on line 2, above, reim	_			_	the year							
Part II	Loans to and/or From Interested	Perso	ns.									-	
	To be completed by organizations that ans	wered "Y	es" on	Form 990,	Part IV, line 2	6, or Form 99	0-EZ, Part V	/, line	38a				
((a) Name of interested person and purpose	or fro	oan to om the ization?		onginal il amount	(d) Balaı	nce due	(e) In (default?	by bo			Vntten ment?
		То	From			50.11		Yes	No	Yes	No	Yes	No
	ia Goss ing expenses	x					21,069		x		x		x
							,						
													-
	-												
Total			1		 ▶ \$		21,069						
Part III	Grants or Assistance Benefitting				· ·		21,005		:		1		
	To be completed by organizations that ans (a) Name of interested person	wered "Y	es" on				mon and the	1 /0	\ A mo:	unt of a		r hina	
	(a) Name of interested person		_	(b) Reia	ationship betwee	nization		(6	Amoi	assis	grant of tance	гтуре	<u></u>
				+									
			_							_			
									_				
Part IV	Business Transactions Involving	- 1-4		Domono									_
FAIL IV	Business Transactions Involving To be completed by organizations that ans					8a, 28b, or 28	3c			_			
	(a) Name of interested person			thip between		nount of saction	(d) Descri	ption c	f trans	action		of	hanno org nues?
			organi	zation								-	No
		 -			-							-	
													1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

inspection

Name of the organization

Last Chance Corral

Employer identification number 05-0449913

Form 990, Part III, Line 4d - All Other Achievements same as first achievement

Form 990, Part VI, Line 17 - States Where Copy of Return is Filed Ohio

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

2008

tachment

Name(s) shown on return Identifying number 05-0449913 Last Chance Corral Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 250,000 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 4,502 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Classification of property year placed in (a) Depreciation deduction penod only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property e 15-year property 20-year property S/L 25-year property 25 vrs 27 5 yrs S/L Residential rental MM property MM S/L 27 5 yrs MM Nonresidential real S/L 39 yrs property ММ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs ММ S/L 40-year 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 4,502 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year. 23 enter the portion of the basis attributable to section 263A costs

Forms 990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

and ending

2008

For calendar year 2008, or tax year beginning

N	9	m	•

Name '						Employer Identification Number
_Last	Chan	ce Cori	cal			05-0449913
	-			- Additional	Information	
			-			
775		a Goss	ne of lender		President	itle
	SCOFI	a Goss			President	
(2)	-	-				
(3) (4)						
(5)						· <u> </u>
(6)			<u>.</u> .			
(7)_		-				
(8)			•		-	
(9)						
(10)						
<u></u>	Original a		<u> </u>	I Maturity		Internat
	borrow		Date of loan	Maturity date	Repayment terms	Interest rate
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>				1		
(6)						
<u>(7)</u>		<u> </u>			• • • • • • • • • • • • • • • • • • • •	
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(9) (10)			 	 		
						I
		Canushi a			D	.f.l.
(1) n/a		security p	rovided by borrower		Purpose of operating expenses	or loan
(2)				-		
(3)				****		
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)	-					
<u>(9)</u>						
(10)			······································	······································	L	······································
	***************************************		<u></u>		Balance due at	Balance due at
		Consideration	furnished by lender		beginning of year	end of year
(1)					21,069	21,069
(2)						
(3)			 		<u> </u>	
<u>(4)</u>						
(5) (6)		 _				
(7)					 	
(8)						
(9)			-			
(10)						
Totals					21,069	21,069