Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	r year, or tax year beginning , and ending	_				
В	Check if ap	oplicable:	C Name of organization Cherished Cockers Inc	D Empl	oyer id	lentification number		
	Address c	hange	Cherry Cockers The	35-	35-2214932			
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number				
Ц	Initial retu	rn	8216 Rushton Drive					
Н	Terminate		City or town, state or country, and ZIP + 4	F Grou	ın Exe	emption		
Н	Amended		0.17		ber I	•		
\Box	Applicatio		11011001					
		ting Method:	☐ Cash ☐ Accrual Other (specify) ► H			if the organization is not		
	Websit -			•		ach Schedule B		
J	Tax-exen		ck only one) — X 501(c)(3)			0-EZ, or 990-PF).		
	Check •		organization is not a section 509(a)(3) supporting organization or a section 527 organization					
	not more	e than \$50,00	D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	ay be req	uired	(see instructions). But if		
	the orga	inization choc	ses to file a return, be sure to file a complete return.					
L	Add lines	5b, 6c, and 7	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s (Part II,				
I	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	30773		
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions			
			the organization used Schedule O to respond to any question in this Part I					
_	1		ns, gifts, grants, and similar amounts received		1	0		
					2			
	2		ervice revenue including government fees and contracts			30773		
	3		p dues and assessments		3	0		
	4	Investment			4	0		
	5a		unt from sale of assets other than inventory 5a	0				
	b		or other basis and sales expenses	0				
	6	•	s) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	0		
e	а	Gross inc	ome from gaming (attach Schedule G if greater than	0				
Revenue	b		me from fundraising events (not including \$ 0 of contribution					
ě			aising events reported on line 1) (attach Schedule G if the	15				
Œ			h gross income and contributions exceeds \$15,000) 6b	0				
				0				
	C		t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	Diraci				
		line 6c) .			6d	0		
	7a		s of inventory, less returns and allowances	0				
	b		of goods sold	0				
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
	8	Other reve	nue (describe in Schedule O)		8	0		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	30773		
	10	Grants and	similar amounts paid (list in Schedule O)		10	0		
	11		id to or for members		11	0		
S	12	Salaries, o	her compensation, and employee benefits		12	0		
Expenses	13		al fees and other payments to independent contractors		13	143		
oer Je	. 14		r, rent, utilities, and maintenance		14	0		
X	15		ublications, postage, and shipping		15	66		
_	16			16	32175			
	17		nses (describe in Schedule O) STM001		17	32384		
_	_		nses. Add lines 10 through 16					
ţ	18 19		deficit) for the year (Subtract line 17 from line 9)		18	-1611		
SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			1044		
Net Assets			r figure reported on prior year's return)		19	1944		
ē	20		ges in net assets or fund balances (explain in Schedule O)		20	0		
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	333		

Form 990-EZ (2011) Page **2**

Par	t II	Balance Sheets	. (see the if	istructions	for Part II.)				
		Check if the organ	nization use	d Schedule	O to respond to ar	ny question in this			•
							(A) Beginning of year		(B) End of year
22		h, savings, and inve					1944	22	2163
23 24		d and buildings er assets (describe i					0	23 24	0
2 4 25		al assets (describe ii		,			1944	25	2163
26							1944	26	0
27		`		,	n (B) must agree with		1944	27	2163
Part	Ш	Statement of Pro	gram Serv	ice Accom	plishments (see th	e instructions for l			Evenences
		Check if the organ	nization use	d Schedule	O to respond to ar	ny question in this	Part III \square	(Rec	Expenses juired for section
What	is the	organization's prima	ary exempt _l	ourpose?	Rescue and Re	homing of Cod	cker Spanie	501(c)(3) and 501(c)(4)
as m persc	easure ns bei	ed by expenses. In nefited, and other re	a clear and elevant inforr	I concise n	<u> </u>	e services provided	d, the number of	4947	inizations and section 7(a)(1) trusts; optional others.)
28	Dogs	are rescued,	vetted,	cnecked	out, posted o	on website and	n placed in i		
	(Grant	:s \$	0) If	this amount	includes foreign gra	ints, check here .	▶ 🗌	28a	0
29									
	·								
	(Grant	s \$) If	this amount	includes foreign gra	ints, check here .	▶ ⊔	29a	
30									
	(Grant	:s \$) If	this amount	includes foreign gra	ints, check here .	▶ □	30a	
31	Other	program services (d							
	(Grant) If	this amount	includes foreign gra	ints, check here .	🕨 🗌	31a	
32	Total	program service ex	xpenses (ad	d lines 28a	through 31a)		🕨	32	0
Part		List of Officers, Dire		-	y Employees. List each		npensated. (see the in		Ć
		List of Officers, Dire		-	O to respond to ar	ny question in this	npensated. (see the in Part IV		ctions for Part IV.)
		List of Officers, Dire	nization use	-			npensated. (see the in Part IV	 ee (e)	<u> </u>
Part	.stin	List of Officers, Dire Check if the organ (a) Name and a ne L Bacon	nization use	d Schedule	(b) Title and average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Estimated amount of other compensation
Part	stin	List of Officers, Director Check if the organ (a) Name and an an and an and an an and an and an an and an	nization use	d Schedule	(b) Title and average hours per week devoted to position President 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV	 ee (e)	Estimated amount of
Chri 8210 Deni	stin S Rus	List of Officers, Director Check if the organ (a) Name and an an and an	ddress	d Schedule	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV	 ee (e)	Estimated amount of other compensation
Chri 8210 Deni 821	stin S Rus nis C	List of Officers, Dirac Check if the organ (a) Name and a ne L Bacon shton Dr Mento J Bacon shton Dr Mento	ddress or 0 or 0	d Schedule H 44060	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Estimated amount of other compensation
Chri 8210 Denn 8210 Jane	stin S Rus S Rus S Rus	List of Officers, Dirac Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin	ddress or or O	d Schedule Н 44060 Н 44060	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma	npensated. (see the in Part IV	 ee (e)	Estimated amount of ther compensation
Chri 8210 Denn 8210 Jane 4290	stin 5 Rus his 5 6 Rus 6 Mar 5 Mor	List of Officers, Dirac Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm	nization use ddress or 0 or 0 itage P.	H 44060 H 44060	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the in Part IV	 ee (e)	Estimated amount of other compensation
Chri 8210 Denn 8210 Jane 4290 Sara	stin 5 Rus 11s 5 6 Rus 6 Mar 6 Mor	List of Officers, Dirac Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm	ddress or 0 or 0 itage P.	H 44060 H 44060 A 16148	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presiden	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the in Part IV	 ee (e)	Estimated amount of ther compensation
Chri 8210 Denn 8210 Jane 4290 Sara 625 Lau:	stin 5 Rus 1 S Rus 5 Rus 6 Mor 1 Pop Jani	List of Officers, Dire Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm pp ine Lane Schau lack	or 0 itage P.	H 44060 H 44060 A 16148	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 ma 0	npensated. (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0
Chri 8210 Denn 8210 Jane 4290 Sara 625 Lau:	stin 5 Rus 1 S Rus 5 Rus 6 Mor 1 Pop Jani	List of Officers, Dirac Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm	or 0 itage P.	H 44060 H 44060 A 16148	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 ma 0	npensated. (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0
Chri 8210 Denn 8210 Jane 4290 Sara 625 Lau:	stin 5 Rus 1 S Rus 5 Rus 6 Mor 1 Pop Jani	List of Officers, Dire Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm pp ine Lane Schau lack	or 0 itage P.	H 44060 H 44060 A 16148	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 8210 Denn 8210 Jane 4290 Sara 625 Lau:	stin 5 Rus 1 S Rus 5 Rus 6 Mor 1 Pop Jani	List of Officers, Dire Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm pp ine Lane Schau lack	or 0 itage P.	H 44060 H 44060 A 16148	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a ne L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin cefield Herm pp ine Lane Schau lack	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0
Chri 821 Denn 821 Jane 429 Sara 625 Lau	stin 5 Rus 6 Rus 6 Rus 6 Mor 1 Mor 1 Aur 1 Jani 1 Hur	List of Officers, Dire Check if the organ (a) Name and a me L Bacon Shton Dr Mento J Bacon Shton Dr Mento ctin crefield Herm pp ine Lane Schau lack nters Ru Ameli	or 0 itage P. umburg II	H 44060 H 44060 A 16148 L 60193 H 45102	(b) Title and average hours per week devoted to position President 40.0 Treasurer-Web 40.0 Intake & Ado 40.0 Vice Presidert 40.0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 ma 0	npensated. (see the ii Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0	 ee (e)	Estimated amount of other compensation 0 0 0

Form 990-EZ (2011) Page **3**

Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			х
05	change on Schedule O (see instructions)	34		
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X.
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		х
36	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	36		х
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	37b		х
38a	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 tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0	30a		^
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		х
41	List the states with which a copy of this return is filed. ► OH			
42a	The organization's books are in care of ▶ Dennis J Bacon Telephone no. ▶ 440 Located at ▶ 8216 Rushton DriveMentor OH ZIP + 4 ▶ 440 E	-209	1-881 กวร	L 3
b	Located at ► 8216 Rushton DriveMentor OH ZIP + 4 ► 4406 At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
43	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		. 1	0
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	37	х
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		х
45a 45b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	+3d		Α
OKA_	Form 990-EZ (see instructions)	45b		X
- 1 1/1				

Page 4 Form 990-EZ (2011) No Yes Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 year? If "Yes," complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? . 49a If "Yes," was the related organization a section 527 organization? 49b 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits, (c) Reportable (b) Title and average (a) Name and address of each employee contributions to employee (e) Estimated amount of hours per week compensation paid more than \$100,000 benefit plans, and deferred other compensation devoted to position (Forms W-2/1099-MISC) compensation 0 0 0 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 (c) Compensation (b) Type of service 0 none 0 d Total number of other independent contractors each receiving over \$100,000 . . . ▶ Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) 52 nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title PTIN Preparer's signature Date Print/Type preparer's name Check if **Paid** self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only**

Yes

Phone no.

DKAy the IRS discuss this return with the preparer shown above? See instructions

Cherished Cockers Inc 35-2214932

STM001

Boarding	3633
Grooming	386
Handling Charges	131
Home Visits	215
Insurance D&O	1480
Insurance Volunteer	300
Interest Paid	49
Office Expense	1902
Office Supplies	108
Prescriptions	23
Pull Fees	498
Refund Issued	250
Service Charge	8
Supplies & Materials	2511
Sales Tax Paid	4
Transport Expense	570
Veterinary Expenses	20107
Total	32175

Form **8453-E0**

Exempt Organization Declaration and Signature for Electronic Filing

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

For calendar year 2011, or tax year beginning , 2011, and ending

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service

Name of exempt organization

Cherished Cockers Inc

Employer identification number

35-2214932

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b_	
2a	Form 990-EZ check here ▶ 🗓 b Total revenue, if any (Form 990-EZ, line 9)	2b	30773
3a	Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	3b	0
4a	Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0
5a	Form 8868 check here ▶ □ b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b_	0

Declaration of Officer Part II

2		
J	Ш	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds
		withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the
		organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment
		I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement
		date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidentia
		information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

I authorize payment of all credit card charges to Taxsoftware.com.

Sign 🗼			
Here 7	Signature of officer	Date	Title

Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature					Check if also paid preparer		Check if self-employed		ERO's SSN	N or PTIN	
Use	Firm's name (or yours if self-employed),		Cherished Cockers	Inc				•	EIN	N 35-	-2214932	
Only	address, and ZIP code		8216 Rushton Driv	<i>т</i> е	Mentor		С)H 440	5 _P ଫିନ	one no.	440-209-	-8813
Under pe	nalties of perjury, I decla	re t	that I have examined the above	e return	and accompa	nying sche	dule	s and staten	nent	ts, and to	the best of my k	nowledge

and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
Use Only	Firm's name ▶	Firm's EIN ►			
Ose Only	Firm's address ►	Phone no.			
					152 EO (0011

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Name of the organization

Cherished Cockers Inc

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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.)

	— · · · · · · · · · · · · · · · · · · ·
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
ŀ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
3	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
)	An organization that normally receives: (1) more than 33½% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses

	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10	☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the

	purposes of one of	or more publicly support	ted organizations described in section 509(a)(1) or	section 509(a)(2). See section
	509(a)(3). Check th	ne box that describes the	e type of supporting organization and complete line	s 11e through 11h.
	a 🗌 Type I	b Type II	c Type III-Functionally integrated	d Type III-Other
e 🗌	By checking this b	ox, I certify that the orga	anization is not controlled directly or indirectly by o	ne or more disqualified persons

_	_ by checking this box, i certify that the organization is not controlled directly of indirectly by one of more disqualitied persons
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)
	or section 509(a)(2).
	If the executivation received a smitter determination from the IDC that it is a Time I. Time II. on Time III are proportion

	in the organization received a written determination from the indictions that it is a type if, type in supporting
	organization, check this box
a	Since August 17, 2006, has the organization accepted any gift or contribution from any of the

	• •		
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and	Yes	Τ
	(iii) below, the governing body of the supported organization?		Γ
(ii)	A family member of a person described in (i) above?)	Τ

	1.3(7)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the fo	llowing informat	ion about the support	ed organ	ization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		, ,	Yes	No	Yes	No	Yes	No	
(A)									0
(B)									
(C)									
(D)									
(E)									
Total									0

following persons?

Schedule A (Form 990 or 990-EZ) 2011

Part								
	(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.)							
Secti	on A. Public Support	quality unde	i the tests ha	sted below, p	lease comple	te Fait III.)		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and	(4) 2001	(6) 2000	(6) 2000	(4) 2010	(6) 2011	(i) rotar	
	membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
4	Total. Add lines 1 through 3	0	0	0	0	0	0	
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)						0	
6	Public support. Subtract line 5 from line 4.						0	
	on B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4	0	0	0	0	0	0	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
11	Total support. Add lines 7 through 10						0	
12	Gross receipts from related activities, etc	•				12	0	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he						▶ 🗆	
	on C. Computation of Public Suppor							
14	Public support percentage for 2011 (line 6					14 0.0	<u>%</u>	
15 16a	Public support percentage from 2010 Schedule A, Part II, line 14							
b	33 ¹ / ₃ % support test—2010. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		_	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the neets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	is box and st	op here.	
18	supported organization	d not check a		, 16a, 16b, 17a		k this box and	. ► □ see . ► □	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	0		0	0	0		
	furnished in any activity that is related to the organization's tax-exempt purpose	8190	17205	42537	39281	30773	137986	
3	Gross receipts from activities that are not an unrelated trade or business under section 513		0	0	0			
4	Tax revenues levied for the	0	U	0	U	0	0	
	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge		0			0		
6	Total. Add lines 1 through 5	0 8190	0 17205	42537	0 39281	0 30773	<u>0</u> 137986	
	Amounts included on lines 1, 2, and 3	0190	1/205	12337	39201	30773	13/900	
	received from disqualified persons .	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
С	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6.)						137986	
Secti	on B. Total Support					,		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	8190	17205	42537	39281	30773	137986	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	0	0	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0					
	'	0	0	0	0	0	0	
с 11	Add lines 10a and 10b		0	0	0	0	0	
12	Other income. Do not include gain or	0	0	0	0	0		
12	loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0	
	and 12.)	8190	17205		39281	30773	137986	
14	First five years. If the Form 990 is for thorganization, check this box and stop he	•		d, third, fourth,	-		n 501(c)(3) .. ► □	
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2011 (line 8	3, column (f) div	vided by line 1	3, column (f))		15 100.0	%	
16	Public support percentage from 2010 Sch	nedule A, Part I	II, line 15 .			16	%	
Secti	on D. Computation of Investment In							
17	Investment income percentage for 2011 (17 0.0	<u>%</u>	
18	Investment income percentage from 2010					18	<u>%</u>	
19a	33 ¹ / ₃ % support tests—2011. If the organ							
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . \rightarrow 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and							
	line 18 is not more than 331/3%, check this I							
20	Private foundation. If the organization di	d not check a l	oox on line 14	, 19a, or 19b, c	heck this box	and see instrud	ctions 🕨 🗌	

Schedule A (F	chedule A (Form 990 or 990-EZ) 2011								
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. Also complete this part for any additional information. (See instructions).								