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Form **990-EZ**

OMB No 1545-1150

Open to Public

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)

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

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

_		The diganization may have to use a copy of this return to satisfy		ion ciric	77.3.	
			and ending			
В	Check if applicat	Please C Name of organization		D Empi	oyer i	identification number
Г	Addre	use IRS		· ·		
늗	lchang			ر ا		276622
<u> </u>	lchang	SKETHOOND BREEDERS OF ARRANSAS INC.				276603
	Initia retur		Room/suite	E Telep	ohone	number
Г	Term			90	1 _	486-5423
	ated	Instruc- inded tions City or town, state or country, and ZIP + 4				
<u> </u>	—Jretur	n		F Grou		•
<u></u>	Applip pendii				ber 🕨	
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a compl	eted G Accour	ntıng me	thod	X Cash Accrual
		Schedule A (Form 990 or 990-EZ).		specify)	_	
	Mohoi	te: ►N/A	H Check			the composition is not
						the organization is not
		empt status (check only one) $ \times$ 501(c) (6) \blacktriangleleft (insert no) \longrightarrow 4947(a)(1) or				tule B (Form 990, 990-EZ, or 990-PF)
K	Check	► L If the organization is not a section 509(a)(3) supporting organization and its gross rece	eipts are normally <mark>no</mark>	t more th	nan \$2	25,000 A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sure	to file a complete re	turn		
ī	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instea			\$	27,048.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balar			_	
		· · · · · · · · · · · · · · · · · · ·	ICES (See the moti	uctions i	UI PA	
	1	Contributions, gifts, grants, and similar amounts received	,	Ļ	1	10,000.
	2	Program service revenue including government fees and contracts		l.	2	
	3	Membership dues and assessments			3	875.
	4	·				
	1 [Investment income		ļ-	4	
	5a	Gross amount from sale of assets other than inventory 5a				
9	b	Less cost or other basis and sales expenses 5b				
2010	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
~~ <u>•</u>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from ga	ming check here	.—:		
ലെ ട്ട	"_		anning, check here			
⇔ §	а	Gross revenue (not including \$ of contributions				
AUG @ 3 2		reported on line 1) <u>6a</u>				
\geqslant	b	Less direct expenses other than fundraising expenses 6b				
4	l c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		$\overline{}$	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		F		
<u>w</u>	l .					
4	0	Less cost of goods sold	·			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		.	7c	
SCANNED	8	Other revenue (describe SEE S	TATEMENT	<u>2</u>) [8	16,173.
Ø	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶	9	27,048.
	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits		T I	10	1,250.
	1 -	Page fits and to a view members		H		
	111	Benefits paid to or for members Salaries other compensation, and employee benefits		F	11	
Expenses	12	Salaries, other compensation, and employee benefits		L	12	
Su.	13	Professional fees and other payments to independent optractors 111 0 6 2010			13	1,916.
ğ	14					
ũ	15	Printing, publications, postage, and shipping	J		14 15	
	16		TATEMENT	1 1		9,720.
	1		INILIMI	—′⊢	16	
	17	Total expenses. Add lines 10 through 16			17	12,886.
w	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		L	18	14,162.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
¥S.	1	(must agree with end-of-year figure reported on prior year's return)		1	19	0.
=	20	Other changes in net assets or fund balances (attach explanation)				
ž	21	, , , , .	•	_	20	14 163
T#		Net assets or fund balances at end of year Combine lines 18 through 20			21	14,162.
P	art II		orm 990 instead of Fo	orm 990-	-EZ	
		(See the instructions for Part II)	(A) Beginning o	f year		(B) End of year
22	. Cas	h, savings, and investments		0.	22	14,162.
23		d and buildings			23	
		· · · · · · · · · · · · · · · · · · ·				
24		er assets (describe)			24	14 160
25		al assets			25	14,162.
26	Tot	al liabilities (describe ▶)			26	0.
_27	<u>Net</u>	assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27	14,162.
932 02-	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		(1		Form 990-EZ (2009)

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Form 990-EZ (2009) GREYHOUND BREEDERS OF	F ARKANSAS INC.		32-	02766	03 Page 2
Part III Statement of Program Service Accompl	ishments (See the instructions for	Part III)		F,	penses
What is the organization's primary exempt purpose? SEE STATI				1	or section 501(c)(3)
) organizations and
Describe what was achieved in carrying out the organization's ex-			ıbe	section 494	7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other	r relevant information for each proc	gram title.		for others)	
28 SCHOLARSHIPS					
		 -			
(O - 1 - C - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			$\overline{}$	00-	1 250
	foreign grants, check here	<u>_</u>		28a	1,250.
29					
				1 1	
(Grants \$) If this amount includes	foreign grants, check here		\Box	29a	
	Toreign grants, check here		<u> — </u>	234	
30					
<u> </u>					
(Grants \$) If this amount includes	foreign grants, check here	<u> </u>	\sqcap	30a	
31 Other program services (attach schedule)	is is given by				
, -			$\overline{}$	04 -	
	foreign grants, check here			31a	1 250
32 Total program service expenses (add lines 28a through 31a			<u> </u>	32	1,250.
Part IV List of Officers, Directors, Trustees, and	Key Employees. List each one ev	en if not compensated	(See the	instructions f	or Part IV)
			(d) Co	ntributions	
7-3 Mar. 1 1 1 1	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)		eferred	other allowances
			com	pensation	
CHARLES E. MULLEN III	PRESIDENT				
	0.00	0.		0.	0.
CLINTON R. BLAIR	VICE-PRESIDEN	r			
	0.00	o.		0.	0.
GARY W. TIMM		· · ·		<u> </u>	•
GARI W. IIIM	SECRETARY			•	
	0.00	0.		0.	0.
GARY W. TIMM	TREASURER				
	0.00	0.		0.	0.
					
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932172			•		000 EZ (2000)

ra	Other information (Note the statement requirements in the instructions for Part V.)	_	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1.00	X
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A]		
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 39b N/A]		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A			
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
C	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	ŀ		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
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
	List the states with which a copy of this return is filed NONE			
	The organization's books are in care of ▶ GREYHOUND BREEDERS OF ARKANS Telephone no ▶ 901-48			
	Located at ► 602 ARLINGTON, WEST MEMPHIS, AR ZIP+4 ► 7	230	1	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			
43				1 1
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/ -		
	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	N/A		
		N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A	Yes	No
	and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	N/A		No X
45	and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			

Pa	rt Wi	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51.					
46	Did th	ne organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to	candidates for nublic		Ye	s No
		? If "Yes," complete Schedule C, Part I	o on bondin or or in opposition to	candidates for public	Ī	46	3 110
		·	- · · · · · · · · · · · · · · · · · · ·			47	
		organization a school as described in section 170(b)(1)(A)(ii)? If "Y			Ì	48	
		e organization make any transfers to an exempt non-charitable relate		•	Ĭ	49a	+
		s,* was the related organization a section 527 organization?	•		Ī	49b	
		elete this table for the organization's five highest compensated emplo	yees (other than officers, directors	s, trustees and key e	mployees) who ea		more
		\$100,000 of compensation from the organization. If there is none, en		•			
			(h) This and a second beautiful and a second	(-), 0	(d) Contribution		
		(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to	(c) Compensation	to employee	(e) Exp	
		than \$100,000	position		benefit plans & deferred	other allo	
		N/A	Feemen		compensation		
	_				<u></u>	<u> </u>	
							·
		lete this table for the organization's five highest compensated indepensation. If there is none, enter "None" N/A	endent contractors who each recei	ved more than \$100.	,000 ot compensa	tion from t	ne
		(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of ser	vice (c) Compens	ation
	-						
							
	_					· · · ·	
	Total	number of other independent contractors each receiving over \$100,0	000				
		•					
Sign		Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of preparation the than differ is based on a	accompanying schedules and statemen	its, and to the best of my knowledge	knowledge and beli	ef, it is true,	>
Here		Type or print name and title	II		<u>6-3</u>	0-10	2_
Paid Prepa		Preparer's signature Including OPentu	Date 06/14/10 emp	ck if self-	arer's identifying nu	mber (See ins	itr)
Use O	nly	Firm's name (or yours WIDNER - PENTER CPAS,		EIN	>		
		if self-employed),	= 	Phon		- -	
		address, and ZIP+4 JONESBORO, AR 72403		no	(870)	336-3	3204
Mav ti	ne IRS	discuss this return with the preparer shown above? See instruction:	<u> </u>		. ▶ ∑		No
						rm 000 E	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
CONTRACT LABOR SPONSORSHIP BANK CHARGES PO BOX RENT		9,000. 500. 176. 44.
TOTAL TO FORM 990-EZ, LINE	16	9,720.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
BREEDER AWARDS BACKGROUND FEES		16,098. 75.
TOTAL TO FORM 990-EZ, LINE 8		16,173.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		3		
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

990-EZ 'PG 2

STATEMENT

THE PURPOSE OF THE ORGANIZATION IS TO BRING TOGETHER BREEDERS/OWNERS TO ADVANCE THE BREEDING OF THE DOGS IN ANTICIPATION FOR RACING AT SOUTHLAND GREYHOUND PARK. ALSO, TO SELECTIVELY ADD MEMBERS TO THE ORGANIZATION TO INCREASE THE KNOWLEDGE AND EXPERIENCE OF THE BREEDING AND RACING, AND TO INCREASE THE POTENTIAL FOR FUNDS/PURSES PAID FROM SOUTHLAND GREYHOUND PARK