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Department of the Treasury

# **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)

OMB No 1545-0047

Open to Public

A For			year, or tax year beginnin	g 07-01-2009 and ending 06-30-2010	0		Inspection
<b>B</b> Che	ck ıf a <sub>l</sub>	pplicable <b>Please</b>	C Name of organization Bulldog Club Inc	D Employer id	entification number		
┌ Add	ress ch		5			51-01636	
┌ Nam	ne chai		r Doing business As			E Telephone n	
Г Initi		rn Specific	(662) 325- <b>G</b> Gross receipts				
☐ Ame		return n pending	City or town, state or co				
		F	L Name and address of prin MMY TOMLINSON	cıpal officer		Is a group retur ates?	n for Yes 🔽 No
			LITTLEJOHN LANE RKVILLE,MS 39759			II affiliates inclu	
I Tax	r-exem	npt status 🔽 50	01(c) ( 3 ) <b>◀</b> (insert no )	4947(a)(1) or		o," attach a list up exemption ni	: (see instructions) umber <b>►</b>
J We	ebsite	<b>::►</b> WWW MST	ATEATHLETICS COM		1.(3)		
			oration Trust Association	Other ►	<b>L</b> Year of fo	ormation 1974	M State of legal domicile MS
Governance	t I	Briefly describe	e the organization's mission PS FOR STUDENT ATHLI	on or most significant activities ETES			
iove.	2	Check this box	▶ If the organization di	scontinued its operations or disposed	of more than	25% of its net	
್ ಸರ				ing body (Part VI, line 1a)			2
Activities &				of the governing body (Part VI, line 1b	)		i2
[ ]			f employees (Part V , line f volunteers (estimate if r			=	
¥				from Part VIII, column (C), line 12	•		' a
		<del>-</del>		rom Form 990-T, line 34			<u></u>
			or Year	Current Year			
_	8	Contributions	and grants (Part VIII, lin	e 1 h)		9,839,644	17,521,446
al Li	9	Program servi	ce revenue (Part VIII, lır			0	
Revenu	10		come (Part VIII, column		354,056	442,575	
	11		e (Part VIII, column (A),			0	
	12			(must equal Part VIII, column (A), line	2	10,193,700	17,964,021
	13			IX, column (A), lines 1-3)			0
	14	Benefits paid t	to or for members (Part I)	K, column (A), line 4)			0
82	15	Salaries, othe	r compensation, employe	5-	613,081		
Expenses	16a	,	undraising fees (Part IX, o		010,001	701,492	
₩	ь		expenses (Part IX, column (D)				
ш	17	-	, , , , , , , , , , , , , , , , , , , ,	nes 11a-11d, 11f-24f)		19,711,755	8,242,109
	18	Total expense	s Add lines 13–17 (mus	t equal Part IX, column (A), line 25)		20,324,836	8,943,601
	19	Revenue less	expenses Subtract line 1	.8 from line 12		-10,131,136	9,020,420
Not Assets or Fund Balances					_	g of Current Year	End of Year
SSet Safa Safa	20	Total assets (	Part X, line 16)			21,610,770	26,853,905
절	21	Total liabilitie	s (Part X, line 26)			8,781,125	4,633,366
	22	Net assets or	fund balances Subtract l	ine 21 from line 20		12,829,645	22,220,539
Par	t II	Signature		examined this return, including accompanying	schedules and s	tatements and to	the hert of my knowledge
				laration of preparer (other than officer) is base			
Sign Here		***** Signature of o	officer		2011- Date	-04-20	
	•	[ ]			Date		
			INSON TREASURER name and title				
		Preparer's			Check If	Preparer's ident	ıfyıng number
Paid		signature Jef	ffry H Read CPA	2011-04-20	self- empolyed F	(see instruction	
Prepa	rer's	Firm's name (or y			. , 1		
Use C	nly	ıf self-employed), address, and ZIP				EIN Þ	
		,	STARKVILLE, MS 397	590282		Phone no 🕨 (	662) 323-1234
——— Mav t	he IR	S discuss this r	· · · · · · · · · · · · · · · · · · ·	nown above? (see instructions)			✓ Yes  No

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE AND SUPPORT THE MISSISSIPPI STATE UNIVERSITY ATHLETIC PROGRAM

2	-	on undertake any signific 0 or 990-EZ?	ant program services during the yea		Yes ▼ No
	If "Yes," describe	these new services on S	chedule O		
3		on cease conducting, or	make significant changes in how it c		Yes ✓ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3	) and 501(c)(4) organizat	ts for each of the organization's three tions and section 4947(a)(1) trusts and revenue, if any, for each program	are required to report the amoun	•
4a	(Code	) (Expenses \$	7,663,081 including grants of \$	) (Revenue \$	)
	•	RSHIPS FOR STUDENT ATHLET	ES,PURCHASE AND CONSTRUCT ATHLETIC F	, ,	HE MISSISSIPPI STATE
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program s	ervices (Describe in Sch	nedule O )		
4d			•		
4d	(Expenses \$	ınc	luding grants of \$	) (Revenue \$	)

Part IV	Check	dist of	Required	Schedules
		11136 01	NC dull Cd	Schoules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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		Νο
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		Νο
35	Schedule R, Part V, line 2	35		Νο
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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		res	INO
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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 Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

PO DRAWER BT

(662) 325-2532

MISSISSIPPI STATE, MS 39762

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 25	.		
ь	Enter the number of voting members that are independent .			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь		8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			110
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, 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		Νο
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?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
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 Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	ı <b>-</b>
	DUNCAN MCKENZIE			

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or 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

Check this box if the organization did n	•	ate any	curr	ent d	r fo	rmer o	fficei	r, dırector, trustee c	or key employee	
(A) Name and Title	(B) A verage hours	Posit	(C tion ( hat a	che		I		compensation compensation amount of ot	Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MIKE RICHEY ASST ATHLETIC DIRECTOR	40 00	х						95,000	0	0
STRATON E KARATASSOS EXECUTIVE DIRECTOR	40 00	х						81,113	0	0
JOHNNY CHAPMAN PRESIDENT	5 00			х				0	0	0
TOMMY TOMLINSON TREASURER	5 00			х				0	0	0
MIKE YOUNGER SECRETARY	5 00			х				0	0	0

For	m 990 (2009)				Page <b>8</b>		
1b	Total	176,113	0		(		
2	Total number of individuals (including but not limited to those listed above) who re \$100,000 in reportable compensation from the organization ▶0	eceived more than					
				Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or lon line 1a? <i>If</i> "Yes," complete Schedule J for such individual		3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and otler organization and related organizations greater than \$150,000? If "Yes," complete individual	· · · · · · · · · · · · · · · · · · ·	4		No		
5	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						
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors the \$100,000 of compensation from the organization	hat received more than					
	(A) Name and business address	(B) Description of services		(C Comper			
SUI	FOIL WYATT SUITE 400 1510 N STATE ST JACKSON, MS 39202  ARCHITECTURE & ENGINEERING FEES						

Form **990** (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🗗

Form 99								Page <b>9</b>
Part	<b>/1111</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まま	1a	Federated camp	paigns 1a					
亞亞	ь	Membership du	es <b>1b</b>					
ું. He	c	Fundraising eve	ents 1c					
無無	d	Related organiz	ations <b>1d</b>					
<u>ي</u> کو ا	e	Government grants	s (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	17,521,446				
ē ₽	g		butions included in					
돌								
ಽ೯	h		s 1a-1f	▶	17,521,446			
				Business Code				
Program Service Revenue	2a							
\$4 \$4	ь							
9	c							
ž k	d							
Ģ.	e							
듄	f	All other progra	ım service revenue					
ૢૼ								
	g		s 2a-2f					
	3		ome (including dividend		228,088			228,088
	4		ar amounts) stment of tax-exempt bond		220,000			220,000
	5							
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	(1)	(,				
	ь	Less rental						
	l c	expenses Rental income						
	_	or (loss)	ma or (loss)	<b>b</b> -				
	d	Net rental incol	me or (loss) (ı) Securities	(II) O ther				
	7a b	Gross amount from sales of assets other than inventory Less cost or	214,487	(ii) o tilei				
		other basis and sales expenses						
	c	Gain or (loss)	214,487					
	d	Net gaın or (los	s)	▶	214,487			214,487
nue	8a	Gross income for events (not included) \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c)					
ije e	ь	Less direct ex	penses <b>b</b>					
5	С	Net income or (	loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less costofac	oods sold <b>b</b>					
	С		loss) from sales of inve	entory 🛌				
		Miscellaneous		Business Code				
	11a							
	ь							
	С		_					
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	*	17,964,021	0	0	442,575

# Part IX Statement of Functional Expenses

Do n	Il other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
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	176,113		176,113	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	525,379	90,402	434,977	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	26,609		26,609	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,546			1,546
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	29,175			29,175
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,725			31,725
20	Interest	317,006		317,006	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,810		13,810	
23	Insurance	142,156	142,156		
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 )				
а	ATHLETIC FACILITIES	5,756,025	5,756,025		
b	OTHER ATHLETIC SUPPORT	1,244,912	1,244,912		
c	SKYBOX FOOD	202,561	202,561		
d	BANK CHARGES	134,234		134,234	
е	SKYBOX MANAGEMENT FEE	130,000	130,000		
f	All other expenses	212,350	97,025	20,984	94,341
25	Total functional expenses. Add lines 1 through 24f	8,943,601	7,663,081	1,123,733	156,787
26	<b>Joint costs.</b> Check here ► □ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			8,387,146	1	18,057,998
	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 e	mployees, and			
		highest compensated employees Complete Part II of	•				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
76		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	294,400			
	ь	Less accumulated depreciation	10b	64,780	243,430	10c	229,620
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11	12,980,194	12	8,566,287		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			21,610,770	16	26,853,905
	17	Accounts payable and accrued expenses .			3,565,771	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ē	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			5,215,354	23	4,633,366
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			8,781,125	26	4,633,366
ķ		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	ete lin	es 27			
Balance		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			-1,347,990	27	6,016,066
ñ	28	Temporarily restricted net assets			9,351,651	28	10,772,315
Fund	29	Permanently restricted net assets			4,825,984	29	5,432,158
교		Organizations that do not follow SFAS 117, check here ► and	comp	olete			
ō	30	lines 30 through 34.				_	
ets	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
	32	Retained earnings, endowment, accumulated income, or other fun	uS		12,829,645	32	22,220,539
Ř	33	Total net assets or fund balances			21.610.770	_	
	34	Total liabilities and net assets/fund balances			ı 21.610.770.	2/1	26.853.905

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

## OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Inspection

Employer identification number

Bulldog Club Inc 51-0163622 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 section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		Is the organization in col (i) listed in your governing (V)  Did you notify organization col (i) of your governing (V)		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No			
Total											

Provide the following information about the supported organization(s)

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	(Complete only if you	ou checked the	box on line 5, 7	, or 8 or Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	10,238,166	5 8,977,127	9,821,199	9,839,644	17	7,144,247	56,020,383
2	grants ") Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit							
4	to the organization without charge <b>Total.</b> Add lines 1 through 3	10,238,160	8,977,127	9,821,199	9,839,644	17	7,144,247	56,020,383
5	The portion of total contributions by each person (other than a	10,230,10	5 6/3/1/12/	3,021,133	3,033,011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30,020,303
	governmental unit or publicly supported organization) included							
	on line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f)  Public Support. Subtract line 5 from line 4							56,020,383
S	ection B. Total Support			l				
	endar year (or fiscal year	(=) 200F	(h) 2006	(a) 2007	(4) 2008	(-) 20		(5) Total
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20		<b>(f)</b> Total 
7	A mounts from line 4	10,238,166	793,003	9,821,199	9,839,644	17	,144,247	56,020,383
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	459,312	793,003	641,263	354,056		813,049	3,060,683
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
L1	Total support (Add lines 7 through 10)							59,081,066
L2	Gross receipts from related activiti	es, etc (See ins	tructions )			12		
L3	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or f	fth tax year as a	501(c)(3	3) organız	ation, ▶
	ection C. Computation of Pul							
L4 	Public Support Percentage for 200	•		11 column (f))		14		94 820 %
L5	Public Support Percentage for 200					15		94 860 %
	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization quantum of the stop here.	alıfıes as a public	ly supported organ	nızatıon				►✓
	33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization median Part IV how the organization medians.	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported o anization did not c acts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b>	and line	e 14 Explain	▶┌
	organization	2000 7511			40.46.46!	4 7		<b>►</b> □
ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza supported organization	tion meets the "f	acts and circumst	ances" test The	organization qual	ıfıes as a	a publicly	<b>►</b> □
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	5 <b>e e</b>	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

**Supplemental Information.** 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 A (Form 990 or 990-EZ) 2009

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DLN: 93493136059641

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization Bulldog Club Inc 51-0163622 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe		_				•					ontinuea <u>)</u>
_	items (check all that apply)		_	_								
а	Public exhibition		a	<u>'</u>			ange prog	rams				
b	Scholarly research		e	Г	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	r the or	ganızatıoı	n's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Pai	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organı:	zatıon			es" to For	m 99	0,	,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•				r other ass	sets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A mo	unt	
С	Paginning halance						ŀ	1c		AIIIO	<u> </u>	
d	Beginning balance						ŀ	1d				
	Additions during the year						}					
e f	Distributions during the year						}	1e				
· ·	Ending balance						L	1f			•	
2a	Did the organization include an amount on Fo	,	ie 21?							ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ad IIV.		orm 000	D-	+ T\ /	1.0		
Рā	rt V Endowment Funds. Complete	if the organizatio		)Prior			orm 990 Years Back		t IV, line Three Years B		<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	(a) carreine rear		<b>,</b>	· car	(4)	rears back	1(4)	Timee rears b	iden (	<b>5</b> , 0 a	cars back
ь	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
a	Board designated or quasi-endowment											
ь	Permanent endowment											
c 3a	Term endowment F  Are there endowment funds not in the posse:	ssion of the organiz	ration :	that a	are held	and ad	lministere	d for	the			
	organization by	yorom or time organiz				uu u.u					Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•		3b		
4	Describe in Part XIV the intended uses of th							10				
20	t VI Investments—Land, Buildings	s, and Equipme	<u>:nt. 5</u>									
	Description of investment				a) Cost or sıs (ınves		(b)Cost or basis (oth		(c) Accumu depreciai		( <b>d</b> ) Bo	ook value
1a	Land		•			30,000						30,000
b	Buildings					225,000				53,523		171,477
c	Leasehold improvements		•									
d	Equipment		•									
e	Other					39,400	I			11,257		28,143
	I. Add lines 1a-1e (Column (d) should equal Fo											

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security) Financial derivatives	(b)Book value	Cost or end-o	f-year market value
Closely-held equity interests			
Other			_
	8,566,287		<u>F</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	,		
Part IX Other Assets. See Form 990, Part X, lir		-	
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X		<u> </u>	
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,964,021
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,943,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,020,420
4	Net unrealized gains (losses) on investments	4	370,474
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	370,474
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,390,894
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	19,458,651
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 503,441		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 997,914		
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,871,829
3	Subtract line <b>2e</b> from line <b>1</b>	3	17,586,822
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
_ C	Add lines 4a and 4b	4c	377,199
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,964,021
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	s per	9,812,249
•	statements	1	3,012,243
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 365,207		
e	Add lines <b>2a</b> through <b>2d</b>	2e	868,648
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,943,601
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	1	
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,943,601

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	THE CLUB IMPLEMENTED THE PROVISIONS OF FASB TOPIC ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JULY 1, 2009 AS OF JUNE 30, 2010, THE CLUB HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR DISCLOSURE INT HE FINANCIAL STATEMENTS THE CLUB FILES AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND ITS TAX RETURNS FOR THE FISCAL YEAR 2007 AND SUBSEQUENT YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION BY
Part XII, Line 2d - Other Adjustments		FUNDS HELD AND REPORTED BY AGENT 997914
Part XII, Line 4b - Other Adjustments		TRANSFERRED IN FROM AGENT 377199
Part XIII, Line 2d - Other Adjustments		FUNDS EXPENDED AND REPORTED BY AGENT 365207

# OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization Bulldog Club Inc

**Employer identification number** 

Part I Types of Property				51-0163622			
	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	Method of o	<b>d)</b> determii nues	nıng	
1 Art—Works of art	аррпсаые		- 4	<del> </del>			
Art—Historical treasures .							
Art—Fractional interests .	_						
Books and publications				<u> </u>			
Clothing and household	·						
goods							
Cars and other vehicles							
Boats and planes							
Intellectual property							
Securities—Publicly traded .							
Securities—Closely held stock							
Securities—Partnership, LLC, or trust interests							
Securities—Miscellaneous .							
Q ualified conservation contribution—Historic							
structures							
Real estate—Residential .							
Real estate—Commercial							
Real estate—Other							
Collectibles							
Food inventory				<del> </del>			
Drugs and medical supplies .							
. Taxidermy							
Historical artifacts							
Scientific specimens	•						
Archeological artifacts							
IMPROVEMENTS	•						
TO							
Other►( <u>FACILITIES</u> )	×	1		FMV			
Other►( <u>MEETINGS</u> )	X	6		FMV			
TRAVEL							
AND							
Other ► (ENTERTAINMENT)	X	2		FMV			
OTHER ATHLETIC							
Other ► (SUPPORT )	l x	21		FMV			
Number of Forms 8283 receive	ed by the ora	anization during the tax ve	ar for contributions				
for which the organization com				29			
						Yes	No
<b>Da</b> During the year, did the organi	zatıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
must hold for at least three yea	ars from the	date of the initial contributi	on, and which is not require	d to be used			
for exempt purposes for the en	itire holding p	period?			30a		No
<b>b</b> If "Yes," describe the arranger	ment in Part	II					
L Does the organization have a g			review of any non-standard	contributions?	31		No
2a Does the organization hire or u contributions?	use third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		N c
<b>b</b> If "Yes," describe in Part II							
If the organization did not repo	ort revenues	ın column (c) for a type of n	roperty for which column (a	) is checked.			
describe in Part II				,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

**EIN:** 51-0163622

Name: Bulldog Club Inc

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136059641

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

F Attach to

Name of the organization Bulldog Club Inc **Employer identification number** 

51-0163622

Ī	ldentifier	Return Reference	Explanation
Ī	Form 990, Part VI, Section B, line 11		THE TREASURER AND MEMBERS OF MANAGEMENT REVIEW BEFORE IT IS FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		NO CHANGE IN PROCESS FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493136059641

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates Bulldoa Club Inc Form 990 Page 10 51-0163622 **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 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 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 ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 5,629 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 8,181 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 13.810 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	<b>(f)</b> Recove period		(g) Method/ onvention		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlassin	%   %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobiolo				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/investment miles driven during the		the	(a)			(b)			(c)		d)	(e)			f)	
year ( <b>do not</b> includ		-		Vehicle 1		Vehi	Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehi	cle 6
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما						•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				10	.,					
(a)		Date		(c)			( <b>d</b> )		(e) A mortization			<b>(f)</b> A mortizati		an far		
Description of costs		amortization		A mortizable amount			Code section		period or			A mortizat this ye				
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 51-0163622

Name: Bulldog Club Inc

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ATHLETIC FACILITIES	5,756,025	5,756,025		
OTHER ATHLETIC SUPPORT	1,244,912	1,244,912		
SKYBOX FOOD	202,561	202,561		
BANK CHARGES	134,234		134,234	
SKYBOX MANAGEMENT FEE	130,000	130,000		