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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

2010
Open to Public Inspection

<u>A</u>	For	the 2)10 calendar year, or tax year beginning $$	ending J	UN 30, 20	11		
В	Chec	k if cable	C Name of organization		D Employer ide	ntifica	ation number .	
	Ac	ldress ange	BULLDOG CLUB, INC.					
Ĩ	Na	me ange	Doing Business As		j 51	-01	.63622	
	- Ini	tial turn		Room/suite	E Telephone nu			
	Te	rmın-	P.O. DRAWER BT		(6	62)	325-3074	
	— A₁	nended turn	City or town, state or country, and ZIP + 4		G Gross receipts \$		15,024,	882.
	Ar	plica- in	MISSISSIPPI STATE, MS 39762		H(a) Is this a gro	up ret		
	pe	nding	F Name and address of principal officer TOMMY TOMLINSON		for affiliates			X No
			114 LITTLEJOHN LANE, STARKVILLE, MS 39	759	H(b) Are all affiliat	es ınclu	ıded? Yes [No
1	Tax	exem	ot status X 501(c)(3)	ır 🔲 527	If "No," atta	ch a li	st (see instructi	ons)
J	Wel	site:	► WWW.MSTATEATHLETICS.COM		H(c) Group exen	nption	number 🕨	
<u>K</u>	Forn	n of org	ganization X Corporation Trust Association Other	L Year	of formation: 197	<u>4</u> м	State of legal dom	ncile: MS
F	art	1 S	ummary					
	2 1		efly describe the organization's mission or most significant activities $\begin{tabular}{c} {\bf SCHOI} \\ {\bf PHLETES} \end{tabular}$	LARSHI	PS FOR ST	'UDE	INT	
1	<u> </u>		eck this box if the organization discontinued its operations or dispos	ed of more	e than 25% of its r	et ass	ets	
	Š 3	Nu	mber of voting members of the governing body (Part VI, line 1a)			3		25
Ċ	2 2	l Nu	mber of independent voting members of the governing body (Part VI, line 1b)			4		25
;	g 5	To	tal number of individuals employed in calendar year 2010 (Part V, line 2a)			5		0
	Š 6		tal number of volunteers (estimate if necessary)			6		0
ä		a To	tal unrelated business revenue from Part VIII, column (C), line 12			7a		0.
•	•	b Ne	t unrelated business taxable income from Form 990-T, line 34			7b		0.
_					Prior Year		Current Ye	ear
,	ש פ	Co	ntributions and grants (Part VIII, line 1h)		17,521,44	6.	14,760,	576.
	<u> </u>	Pro	ogram service revenue (Part VIII, line 2g)			0.		0.
		0 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)		442,57	<u> </u>	239,	446.
	1	1 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		0.
_	1:	2 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,964,02	11.	15,000,	022.
	1:	3 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	1.	4 Be	nefits paid to or for members (Part IX, column (A), line 4)			0.		0.
:	ဂ္ဂ 1	5 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		701,49	12.	736,	323.
,		6a Pro	ofessional fundraising fees (Part IX. column (/), line 11e)			0.		0.
	<u> </u>	b To	tal fundraising expenses (Part 🛪 column 🗘 (ine 25) 🕟345,95	<u> 57. </u>			<u> </u>	
, ([∐] 1	7 Ot	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24p		8,242,10		11,815,	
;	1:	B To	tal expenses Add lines 33 17 (must equal Part IX) column (A), line 25)		8,943,60		<u> 12,552,</u>	
<u> 1</u> _	1	9 Re	venue less expenses. Subtract line 18 from line 12 [0]		9,020,42	20.	2,447,	<u> 998.</u>
ا ا	nd Balances			Ве	ginning of Current \		End of Ye	
Set	麗 2	O To	tal assets (Part X, line 6) OGDEN, UT		<u> 26,853,90</u>		33,306,	
a:J	삙 2		tal liabilities (Part X, line 26)	<u> </u>	4,633,36		7,719	
_	<u>∃</u> 2		t assets or fund balances Subtract line 21 from line 20		22,220,53	9.	25,587	<u>424.</u>
	Part		Signature Block					
			s of perjury, I declare that I have examined this return, including accompanying schedules				knowledge and be	elief, it is
<u>ড দ</u>	ie, co	rrect, a	nd complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r has any knowledge	<u>. </u>		
			Compliance of officers		Doto			
	ign	▕▝	Signature of officer		Date			
Н	ere		TOMMY TOMLINSON, TREASURER				-	
_		<u> </u>	Type or print name and title		Date Che		DTIN	
_		- 1	'Int/Type preparer's name Preparer's signature		ı		PTIN	
	aid		JEFFRY H. READ, CPA)1/14/12 self			
	epare	_	rm's name T. E. LOTT & COMPANY, CPA'S		Firm's Ell	1		
U	se On	y Fi	rm's address PO BOX 80282				-0 202 40	224
-			STARKVILLE, MS 39759-0282		Phone no	. 00	52-323-12 TV	
M	ay th	e IRS	discuss this return with the preparer shown above? (see instructions)				X Yes	No

	n 990 (2010) BULLDOG CLUB, INC		51-0163622 Page 2
Pai	art III Statement of Program Service Accomplis	shments	
	Check if Schedule O contains a response to any quest	ion in this Part III	·
1	Briefly describe the organization's mission		
	TO PROMOTE AND SUPPORT THE MIS	SISSIPPI STATE UNIVERSITY	ATHLETIC
	PROGRAM.		
_			
2	Did the organization undertake any significant program servi	ces during the year which were not listed on	
	the prior Form 990 or 990-EZ?		Yes X No
_	If "Yes," describe these new services on Schedule O	haana	Yes X No
3	Did the organization cease conducting, or make significant c	nanges in now it conducts, any program services	Yes 🔼 No
	If "Yes," describe these changes on Schedule O	annon makanda Abusa langant muangan ang manah busa	
4	Describe the exempt purpose achievements for each of the		
	Section 501(c)(3) and 501(c)(4) organizations and section 49		r grants and
4-	allocations to others, the total expenses, and revenue, if any		201000000
4a	(Code) (Expenses \$11233204 PROVIDING SCHOLARSHIPS FOR STU		Revenue \$)
	ATHLETIC FACILITES, AND OTHER		
	UNIVERSITY ATHLETIC PROGRAM.	SUPPORT FOR THE MISSISSIP	PI SIAIE
	UNIVERSITY ATHLETIC PROGRAM.		
	·		
	4942		
4b	(Code) (Expenses \$	including grants of \$) (F	Revenue \$
) (Expenses \$\psi		,
4c	(Code) (Expenses \$	including grants of \$)(F	Revenue \$
	·		
			•
4d	Other program services (Describe in Schedule O)		
_	(Expenses \$ including grants of \$) (Revenue \$	
40	Total program cervice expenses 11 233		

Form 990 (2010) BULLDOG CLUB, INC.
Part IV Checklist of Required Schedules

	`		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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	_		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			٠,
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		 	i
a	Part VI	44-	x	
b		11a	Α.	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	Λ	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		-110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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, Parts I and IV	14b		X
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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	ļ	X
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		X
20a		20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990 (0015
		FORM	2424L1/	シロコハ

51-0163622

			Yes	No
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		Х
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	ļ	Х
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		Х
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		X
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)		l	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	L
		_	000	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response to any question in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ī								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			ĺ						
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1						
	filed for the calendar year ending with or within the year covered by this return 2a)		1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country			1						
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v						
.	any contributions that were not tax deductible? If "Yes " did the organization include with every collectation on express statement that such contributions or either	6a_		X						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6		1						
7	Organizations that may receive deductible contributions under section 170(c).	6b		 						
a	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	х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	X						
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	ļ							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9a	ļ							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ						
10	Section 501(c)(7) organizations. Enter		1	1						
a	Initiation fees and capital contributions included on Part VIII, line 12	4	1	1						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4								
11	Section 501(c)(12) organizations. Enter			ŀ						
a	Gross income from members or shareholders Cross income from other payment /Pa not and and analytic other payment /Pa not analytic other /Pa not analyt	-		ĺ						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		ł	ĺ						
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		ŀ						
		12a								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	1 '	ľ	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a		\vdash						
а	Note. See the instructions for additional information the organization must report on Schedule O	134	 							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	•		1						
_	organization is licensed to issue qualified health plans			1						
С	Enter the amount of reserves on hand	1.	· .	1						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

51-0163622 Form 990 (2010) BULLDOG CLUB, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{x} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, 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? X 16a 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 Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed F
18	Section 6104 requires an organization to make its Forms 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 X 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
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
	DUNCAN MCKENZIE - 662-325-2532

P.O. DRAWER BT, MISSISSIPPI STATE,

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Form 990 (2010)

Form 990 (2	2010) BULLDOG	CLUB, INC.	51-0163622	Page
Part VII	Compensation of Officers	, Directors, Trustees	s, Key Employees, Highest Compensated	
	Employees and Independ	ent Contractors		

Check if Schedule O contains a response to any question in this Part VII

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.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organizat (A)	(B)	_		(((D)	(E)	(F)
Name and Title	Average	i i			Position			Reportable	Reportable	Estimated
Trains and Trais	hours per	(cl	(check all that app			ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MIKE RICHEY									•	
ASST ATHLETIC DIRECTOR	40.00	X						95,000.	0.	0
STRATON E. KARATASSOS										
EXECUTIVE DIRECTOR	40.00	Х						80,149.	0.	0
BETH CLAY										
PRESIDENT	5.00	L.	<u> </u>	X		<u> </u>	L	0.	0.	0
STEVE GOLDING										
VICE PRESIDENT	5.00			X				0.	0.	0
TOMMY TOMLINSON									_	
TREASURER	5.00			X				0.	0.	0
MIKE YOUNGER										
SECRETARY	5.00			X				0.	0.	0
-										
_										

51-0163622

	``	Statement of Never	ilue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b					
S, g	С	Fundraising events	1c	•				
ar it		Related organizations	1d	-				
S, E		Government grants (contribut	tions) 1e					
rior s		All other contributions, gifts, gran						
t bg		similar amounts not included abo	1 1	14,760,576.				
da	g	Noncash contributions included in lines	1a-1f \$					
ನಿ ಕ	h	Total. Add lines 1a-1f		•	14 760 576			
				Business Code				
စ္က	2 a							
ĕã	b							
Program Service Revenue	С							
eve	d							
<u> </u>	е	***						
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	250,300.			250,300.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	14,006.					
	b	Less cost or other basis						
		and sales expenses		24,860.				
	C	Gain or (loss)	14,006.	-24860.				
	d	Net gain or (loss)			-10,854.			-10,854.
စ္	8 a	Gross income from fundraisin	g events (not					
Ē		including \$	of					
ě		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
Other Revenu		Less direct expenses	b					
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac	ctivities See			1		
		Part IV, line 19	а	ļ				
		Less direct expenses	ь					-
Ì		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	L				
ļ	С	Net income or (loss) from sale	•	.		······································		
ļ		Miscellaneous Revenu	ie	Business Code	-	ļ	•	
	11 a							
	b					···		
	С							
	d	All other revenue						-
		Total. Add lines 11a-11d		>				
03200	12 9	Total revenue. See instructions.		>	15,000,022.	0.	0.	239,446.
12-21	-10							Form 990 (2010)

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 736,323. 101,684. 634,639. Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees) 11 Management Legal b 27,246 27,246 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees f g Advertising and promotion 12 5,027 5,027. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy Travel 101,404. 101,404. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 46,219 46,219. Conferences, conventions, and meetings 19 109,642. 109,642. 20 Interest 21 Payments to affiliates 15,205 15,205 Depreciation, depletion, and amortization 22 101,699. 101,699. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a ATHLETIC FACILITIES 9,555,234 9,555,234. **b** OTHER ATHLETIC SUPPORT 1.031.630. 1,031,630. c SKYBOX FOOD 200,492. 200,492. 155,078. d BANK CHARGES <u>155,078.</u> e SKYBOX MANAGEMENT FEE 130,000. 130,000. f All other expenses 336,825. 112,465. 31,053. 193,307. 11,233,204. 972,863. Total functional expenses Add lines 1 through 24f 12,552,024. 345,957. 25 If following SOP Joint costs Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

art X	2010) BULLDOG CLUB, INC. Balance Sheet		<u> </u>)163622 Page 1
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	18,057,998.	1	19,544,901
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			
İ	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	·		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
Ì	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7	Inventories for sale or use		8	
` 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other	:		
	basis Complete Part VI of Schedule D 10a 307, 360.			
ь	Less accumulated depreciation 10b 65,445.	229,620	10c	241,915
11	Investments - publicly traded securities		11	
12	Investments other securities See Part IV, line 11	8,566,287	. 12	13,519,651
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	26,853,905	. 16	33,306,46
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
₹	highest compensated employees, and disqualified persons. Complete Part II			
·	of Schedule L	<u> </u>	22	
23	Secured mortgages and notes payable to unrelated third parties	4,633,366	. 23	7,718,92
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	0_	\rightarrow	115
26	Total liabilities. Add lines 17 through 25	4,633,366	. 26	7,719,043
	Organizations that follow SFAS 117, check here X and complete			
g	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	6,016,066		7,922,91
28	Temporarily restricted net assets	10,772,315		11,431,33
29	Permanently restricted net assets	5,432,158	. 29	6,233,17
5	Organizations that do not follow SFAS 117, check here and			
5	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	·
33	Total net assets or fund balances	22,220,539		25,587,42
34	Total liabilities and net assets/fund balances	26,853,905	. 34	33,306,46

Form **990** (2010)

Form	990 (2010) BULLDOG CLUB, INC.	<u>51-016</u>	<u> 3622</u>	Pag	<u>je 12</u>
Paı	t XI Reconciliation of Net Assets				
	` Check if Schedule O contains a response to any question in this Part XI				X
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	5,000	0,0	<u>22.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.2,552	2,0	<u>24.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2,447	7,9	<u>98.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	2,220),5	39.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	918	3,8	87.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 2	25,587	7,4	24.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	i		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number BULLDOG CLUB, 51-0163622 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). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 X 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). 6 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 33 1/3% 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 33 1/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. a Type I ь ____ Туре II c Type III - Functionally integrated Type III - Other 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (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) Provide the following information about the supported organization(s) h (iii) Type of (vi) is the organization in col (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) No Yes Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2010 BULLDOG CLUB, INC. 51-0163622 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	8,977,127,	9,821,199.	9,839,644.	17,144,247.	15,060,575.	60,842,792.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge						
4	Total. Add lines 1 through 3	8,977,127,	9,821,199.	9,839,644.	17,144,247.	15,060,575.	60,842,792.
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)	-					
	Public support. Subtract line 5 from line 4	1					60 842 792.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 4	8,977,127.	9,821,199.	9,839,644.	17,144,247.	15,060,575.	60,842,792.
8	· · · · · · · · · · · · · · · · ·						
	dividends, payments received on						
	securities loans, rents, royalties	702 002	641 262	254 056	012 040		
^	and income from similar sources	793,003.	041,203.	354,056.	813,049.	1,158,334.	3,759,705,
9	Net income from unrelated business					į	
	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)		:				
11	Total support. Add lines 7 through 10						54 602 407
	Gross receipts from related activities,	etc (see instruction	nne)			12	64,602,497.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	l Ay vear as a section		
	organization, check this box and stor		mot, occoria, triii	a, roartri, or marte	in year as a section	1 30 1(0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2010 (I	•		column (fl)		14	94.18 %
	Public support percentage from 2009	•		·-·-······ (*/)		15	94.82 %
	33 1/3% support test - 2010.If the o	•	•	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies					•	$\triangleright \mathbf{X}$
b	33 1/3% support test - 2009. If the o		-		line 15 is 33 1/3%	or more, check the	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2010.If the orga	nization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"			-	•	-	ightharpoons
b	10% -facts-and-circumstances test	t - 2009. If the orga	nization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🕨
					Sche	dule A (Form 990	or 990-E7) 2010

Schedule A (Form 990 or 990-EZ) 2010 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 be Section A. Public Support	low, please com	plete Part II)				
	(2) 2006	(h) 2007	(6) 2009	(4) 2000	(a) 2010	(5) Total
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
membership fees received (Do not			1			
include any "unusual grants ")						
· · · · · ·					+	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			ļ	ļ		
3 Gross receipts from activities that						İ
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
· · · · · · · · · · · · · · · · · · ·	(.) 0000	# > 0007	() 0000	T 4 13 00000	4.10040	(0 Tatal
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
check this box and stop here	5. 34. 1124.1011	, 0000na, am	, <u></u>	, 500, 40 4 5000	oo . (o)(o) organiz	
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2010 (III			column (fl)		15	(
16 Public support percentage for 2009		•	00:01:11 (1 <i>))</i>		16	
Section D. Computation of Inves	 	•			110	
					142	
17 Investment income percentage for 20			rie 13, column (t))		17	
18 Investment income percentage from 2	-	•	an bas did	. 45	18	
19a 33 1/3% support tests - 2010. If the	-					17 is not
more than 33 1/3%, check this box an	· ·	=	· · · · · · · · · · · · · · · · · · ·	_		. ▶∟
b 33 1/3% support tests - 2009. If the	-					
line 18 is not more than 33 1/3%, chec		-		-	=	▶⊨
20 Private foundation. If the organization	i did not check a	t box on line 14, 19	a, or 19b, check to	hış box and see ii	nstructions	▶∟

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

-	BULLDOG CLUB, INC.		51-0163622
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	inde
3	are the organization's property, subject to the organization's		Yes No
^		-	
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con-	
Par	impermissible private benefit?		Yes No
			IV, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year >		•
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	· ·
8	Does each conservation easement reported on line 2(d) above	_	·
Ŭ	and section 170(h)(4)(B)(ii)?	ve caucity the requirements of obstact the (right)	Yes No
9	In Part XIV, describe how the organization reports conservat	ion essements in its revenue and expense sta	
3	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements	mons manda statements that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections o	of Art Historical Treasures or Othe	er Similar Assets
	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (AS		t and halance shoot works of art
14	historical treasures, or other similar assets held for public ex	*	
	the text of the footnote to its financial statements that described to the text of the footnote to its financial statements that described the text of the footnote to its financial statements.		or public service, provide, in rare Arv,
			d halanaa ahaakad att htawaal
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, 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		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	ın, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2010 BULLDOG								63622		ge ∠		
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, o	or Oth	er Similai	r Asse	ts (conti	าued)			
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	at are a s	ignificant us	se of its	collection	items	3		
	(check all that apply)												
а	Public exhibition	c	1 <u> </u> L	oan or exc	hange progr	ams							
b	Scholarly research	e	, LJ 0	ther	_								
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	in how the	ey further tl	he organizati	on's exe	empt purpos	e in Par	t XIV.				
5	During the year, did the organization solicit or	r receive donations	of art, his	torical trea	sures, or oth	er sımıla	r assets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or												
	reported an amount on Form 990, Par	t X, line 21											
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other as	ssets no	t included						
	on Form 990, Part X?								Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able									
									Amount				
С	Beginning balance						1c						
	Additions during the year						1d						
	Distributions during the year						1e	•					
f	Ending balance						1f						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No		
	If "Yes," explain the arrangement in Part XIV	•											
Pai		f the organization ai	nswered "	Yes" to Fo	rm 990, Part	: IV, line	10						
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four	years	back		
1a	Beginning of year balance	\- /											
b	Contributions												
c	Net investment earnings, gains, and losses		1							-			
ď	Grants or scholarships												
-	Other expenditures for facilities												
·	and programs								1				
f	Administrative expenses							-					
g	End of year balance	-											
2	Provide the estimated percentage of the year	r end halance held	25						L				
a	Board designated or quasi-endowment	r cha balance hola	%										
b	Permanent endowment	%	—′"										
C	• ———												
	Are there endowment funds not in the posse	-	zation that	t are held a	and administ	ered for	the organiza	ation					
Ja	by	os.on or the organiz				2,00 101	o. garnze		Γ	Yes	No		
	(i) unrelated organizations								3a(i)				
	(ii) related organizations								3a(ii)	-			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required.	on Sched	ule R2					3b				
	Describe in Part XIV the intended uses of the								1 30 1				
Pa	rt VI Land, Buildings, and Equipm						-						
					t or other	(0)	\ccumulator	1	(d) Bool				
	Description of investment	(a) Cost or of basis (invest			(other)		Accumulated epreciation	1	(u) BOO	· value	5		
	Lond			- تادمان	(50,101)	"	-prooration		2		00		
	Land		000.				61 70	5		0,0 3,2			
b	Buildings	445,	000.	••		 	61,70	13.	Τρ.	<u>, 4</u>	,		
С	Leasehold improvements					-							
d	Equipment		262			-		. 			20		
	Other		360.				3,74	<u></u>	- 4	8,6 1,9	<u> </u>		
Tota	L Add lines 1a through 1e (Column (d) must e	roual Form 990. Par	t X colum	n (R) line '	10/c)				2.4	1.Y	TD .		

Part VII Investments - Other Securities. Sec	e Form 990, Part X, line 1	2		
(a) Description of security or category (including name of security)	(b) Book value	((c) Method of valua or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	40 540 654			
(A)	13,519,651	END-OF-YE	AR MARKET	VALUE
(B)				
(C)		 		
(D) (E)				
(F)				
(G)				
(H)	1			
()				
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	13,519,651			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13		
(a) Description of investment type	(b) Book value		(c) Method of valua t or end-of-year mar	
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
			· · · · · · · · · · · · · · · · · · ·	
(9)				
(10)		-		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
(a)	Description			(b) Book value
(1)				-
(2)				
(3)		<u> </u>		
(4)				
(6)				
	<u>.</u> .			
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		•	·
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) OTHER LIABILITIES		115.		
(3)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	115.		
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740) 032053	the organization's financial state	ements that reports the organiz		
12-20-10			SCN	edule D (Form 990) 2010

_	dule D (Form 990) 2010 BULLDOG CLUB, INC.		51-	0163622	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial S	tatement	is	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		15,000,	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		12,552,	024.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		2,447,	998.
4	Net unrealized gains (losses) on investments	4		918,	887.
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 through 8	9			887.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		3,366,	885.	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With F	Revenue pe	er Return		
1	Total revenue, gains, and other support per audited financial statements		1	<u>17,959,</u>	<u>832.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		_		
а	Net unrealized gains on investments 2a	918,88			
b	Donated services and use of facilities 2b	358,08	<u> </u>		
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV)	<u>.,382,84</u>	12.		
е	Add lines 2a through 2d		2e	2,659,	
3	Subtract line 2e from line 1		3	15,300,	022.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
þ	Other (Describe in Part XIV)	-300,00			
С	Add lines 4a and 4b		4c	<u>-300,</u>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	F	5	15,000,	022.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses			1.5.5
1	Total expenses and losses per audited financial statements		1	14,074,	466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	250 00	,		
a	Donated services and use of facilities 2a	358,08	31.		
Ь	Prior year adjustments 2b				
С.	Other losses 2c	164 26	51		
d		,164,36		1 522	442
e	Add lines 2a through 2d		2e	1,522,	
3	Subtract line 2e from line 1		3	14,554,	024.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			ı	
a	Investment expenses not included on Form 990, Part VIII, line 7b			ı	
D	Other (Describe in Part XIV)			I	0.
	Add lines 4a and 4b Total expenses Add lines 2 and 4a (This must equal Form 900, Part I, line 19.)		4c 5	12,552	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information			14,554,	024.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4. Port IV. Ire	oo 1b and	2h Port V line	4 Port
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part				4, ran
	RT X, LINE 2: THE CLUB IMPLEMENTED THE PROVISIONS		•		
1111	(1 A, BIRD 2: IND COOR INFORMATION IND INCVIDIONE	01 111	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ic nibe	
740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS	OF JULY	7 1 2	009. AS	OF
7 1 1	77 HOCOUNTING FOR ONCORNING IN THE THOUGHT THE THE	01 0021	, .	0001 111	<u> </u>
חוד.	NE 30, 2010, THE CLUB HAD NO UNCERTAIN TAX POSITI	ONS THE	מווח ידי	LIFY FOR	₹
<u> </u>	10 00 1010 1110 0000 1110 110 01100111111		2011		·
DIS	SCLOSURE INT HE FINANCIAL STATEMENTS. THE CLUB E	FILES AN	N ANNU	AL FORM	990
WI!	TH THE INTERNAL REVENUE SERVICE, AND ITS TAX RETU	JRNS FOR	RTHE	FISCAL Y	EAR
200	7 AND SUBSEQUENT YEARS REMAIN OPEN AND SUBJECT 1	O EXAM	INATIO	N BY TA	ζ
<u>AU'</u>	THORITIES.				

Schedule D (Form 990) 2010 BULLDOG CLUB, INC.	51-0163622 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	1 200 040
FUNDS HELD AND REPORTED BY AGENT	1,382,842.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TRANSFERRED IN FROM AGENT	-300,000.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
PART ATTI, DINE 2D - OTHER ADOUGHERTS.	,
FUNDS EXPENDED AND REPORTED BY AGENT	1,164,361.
DADE WITH LINE AD COURT AD HIGHWING.	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
TRANSFERRED OUT FROM AGENT	
	A

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

BULLDOG CLUB INC. Employer identification number

	BULLDOG CLUB	, INC.					5	1-01	<u> 636</u>	522	
Par	t I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contamounts report Form 990, Part \	orted on	Method o noncash cont			(d) of determining ntribution amouni		
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes				· · · · · · · · · · · · · · · · · · ·	ļ <u>.</u> .					
8	Intellectual property										
9	Securities · Publicly traded										
10	Securities - Closely held stock					ļ					
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities · Miscellaneous					ļ					
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution · Other	<u> </u>									
15	Real estate · Residential										
16	Real estate - Commercial										
17	Real estate - Other					 -					
18	Collectibles					-					
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy		<u> </u>								
22	Historical artifacts		ļ . <u> </u>							 -	
23	Scientific specimens	<u> </u>	ļ			1					
24	Archeological artifacts	37	1.0	355	104	77.67.7					
25	Other (OTHER ATHLETI)	X	19		,194. ,887.						
26	Other (MEETINGS)	_ ^	4		,00/.	FMV					
27	Other ()	-				1					
28	Other ()				T 1]					
29	Number of Forms 8283 received by the organifor which the organization completed Form 82										
	for which the organization completed Form 62	os, Part IV,	Donee Acknowled	gement	29				Т	Yes	No
200	During the year, did the organization receive b	v contributu	on any proporty ro	norted in Part I li	noc 1.29 th	at it mi	et bold fo	. [\dashv	res	NO
30a	at least three years from the date of the initial	•		•					l		
	the entire holding period?	CONTINUENCE	, and which is not	required to be as	ed for exer	прери	poses ioi		0a	1	Х
h	If "Yes," describe the arrangement in Part II.								1		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-stand	lard contrib	outione'	7		31		X
	Does the organization hire or use third parties		*	•			•		"		
UEd	contributions?	or related 0	rganzanons to sol	on, process, or s	on Horicasi	•		3	2a		x
b	If "Yes," describe in Part II										
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colu	ımn (a) ıs c	hecked	,				
	describe in Part II										
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.			Sched	ule M (Fc	orm !	990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 51-0163622 BULLDOG CLUB, INC. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER AND MEMBERS OF MANAGEMENT REVIEW BEFORE IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: 918,887. NET UNREALIZED GAINS ON INVESTMENTS: FORM 990, PART XI, LINE 2C NO CHANGE IN PROCESS FROM PRIOR YEAR

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

39 yrs

12 yrs

40 yrs

23

MM

MM

MM

S/L

S/L

S/L

S/L

S/L

21

22

Business or activity to which this form relates

990

OMB No 1545-0172

Identifying number

BULLDOG CLUB, INC. FORM 990 PAGE 10 51-0163622 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I <u>50</u>0,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 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 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 7,023 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 8,182. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction only - see instructions) 3-year property 19a 5-year property b 7-year property C 10-year property đ 15-year property e 20-year property 25-year property 25 yrs S/L g 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Part IV Summary (See instructions)

Nonresidential real property

1

20a

b

Class Irfe

12-year

40-year

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

15,205.

	11 1002 (2010)		HDOG CE										0103		uge 2
Pa	Listed Proper amusement)	ty (Include a	utomobiles, ce	ertain oth	er vehic	les, cert	aın com	puters	s, and pro	perty us	ed for en	itertainm	ent, rec	reation, o	or
	Note: For any	vehicle for wi	hich you are u	sing the	standard	d mileage	e rate or	dedu	cting lease	e expens	e, comp	lete only	, 24a, 24	tb, colun	nns (a)
	through (c) of			_											
			on and Other			ution: S	See the I								
<u>24a</u>	Do you have evidence to	T		ent use cla	aimed?	<u> </u>		<u> No</u>	24b If "Y	T		nce writt	en? L	│ Yes	<u> No</u>
	(a) (b) (c) Type of property (list vehicles first) (service use percental		l of	(d) Cost or her basis	(hus	(e) is for depre siness/inve use only	stment	(f) Recovery period	Me	g) thod/ rention	(h) Depreciation deduction		Elec sectio co	n 179	
25	Special depreciation all	lowance for q	ualified listed	property	placed	ın servic	e during	the t	ax year an	d					
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more that	an 50% in a c	qualified busine	ess use											
			9	%					<u> </u>						
			9	6										_	
		<u> </u>		<u>6</u>									_		
<u>27</u>	Property used 50% or	less in a qual	ified business	use:											
			9	%						S/L·					
	-			%					ļ	S/L·					
		<u> </u>		<u>%</u>					<u> </u>	S/L -	1				
	Add amounts in column	• •	_				page 1				28				
<u>29</u>	Add amounts in column	n (i), line 26 E											29		
_				Section I											
	nplete this section for v ou provided vehicles to										•		na this s	ection fo	.
•	se vehicles	your employe	ees, mst answ	ei tile qt	Jestions	iii Secti	on C to	SEE 11 7	you meet	an excep	otion to t	completii	ily tills s	ection ic	"
					- \		-	T	(-)	1	-0.	1			
20	Total business (investment	milac drivan d	turing the	1	a) nicle	1	b) ncle	Ι,	(c) /ehicle	1	d) nicle	(€ Veh	-	(f Veh	
	Total business/investment year (do not include com		uring the	Vei	IICIE	Vei	IILIE	<u> </u>	/emcle	Ve.	IICIE	Veii	iicie	Veii	LIE
	Total commuting miles	-	the year	-				-		 -					
	Total other personal (ne	_				<u> </u>									
	driven	oncommuni	g) miles			1									
	Total miles driven durir	no the vear							··	 					
	Add lines 30 through 3														
	Was the vehicle availal		nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	po		1.00		1.00			110	1.00	1.10	1.55		100	
	Was the vehicle used p	orimarily by a	more					Ì							
	than 5% owner or relat			1				ļ							
36	Is another vehicle avail	able for perso	onal												
	use?									l				l 1	1
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their	Employe	ees			
Ans	wer these questions to	determine if	you meet an e	xception	to com	pleting S	Section	B for v	ehicles us	ed by e	mployee	s who ar	e not m	ore than	5%
owr	ners or related persons														
37	Do you maintain a writt	en policy sta	tement that pi	ohibits a	all persor	nal use o	of vehicl	es, inc	luding co	mmuting	, by you	r		Yes	No
	employees?														<u> </u>
38	Do you maintain a writt	en policy sta	tement that pi	ohibits p	personal	use of v	ehicles,	excep	ot commu	ting, by	our				
	employees? See the in	structions for	r vehicles used	by corp	orate of	fficers, d	lirectors	, or 1%	6 or more	owners					4
39	Do you treat all use of	vehicles by e	mployees as p	ersonal	use?									ļ	_
	Do you provide more the		-	•		ınformat	ion from	ı your	employee	s about					
	the use of the vehicles													ļ	1
	Do you meet the requir		• .												
	Note: If your answer to	37, 38, 39 <u>, 4</u>	10, or 41 is "Ye	s," do no	ot comp	<u>lete Sec</u>	tion B fo	or the o	covered ve	ehicles					<u> </u>
Pa	art VI Amortization			(L)	I	(-)		-1	(-0		(-)			(6)	
	(a) Description	of costs	Date	(b) amortization		(C) Amortizat			(d) Code		(e) Amortu <i>z</i> a	tion		(f) mortization	
<u></u>	Amortization of acces 4	hat harres of	Impa ::0::: 001	D tox voc	<u> </u>	amount	Ī	!	section		penod or per	centage	fc	or this year	
42	Amortization of costs t	nat begins di	aning your 201	u tax yea	11			-				1	-		
	·	-						+			.	-+		·	
42	Amortization of costs t	hat began bo	efore your 2016) tay yes	ı. ır							43			
	Total. Add amounts in					renort						44			
<u> </u>	. Jean. / Gor an lounts III	COMMITTED O	55 the matrice		······································	- IOPOIL									