

**Short Form
Return of Organization Exempt From Income Tax**

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 Greyhound Pets of America Central Florida, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
 3525 Manassas Avenue
 City or town, state or country, and ZIP + 4
 Melbourne, FL, 32934-8360

D Employer identification number
 27-1521370

E Telephone number
 321-242-9010

F Group Exemption Number ▶ 4102

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.floridagreyhounds.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 170,564

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received																													153,133		
	2	Program service revenue including government fees and contracts																												4,355			
	3	Membership dues and assessments																													7,915		
	4	Investment income																													48		
	5a	Gross amount from sale of assets other than inventory																															
	b	Less: cost or other basis and sales expenses																															
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															
	6	Gaming and fundraising events																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																															1,575
	b	Gross income from fundraising events (not including \$ 12,179 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														2,488	
c	Less: direct expenses from gaming and fundraising events																															2,382	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														1,680		
7a	Gross sales of inventory, less returns and allowances																														1,051		
b	Less: cost of goods sold																														919		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														132		
8	Other revenue (describe in Schedule O)																																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																														167,263		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																															
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits																														23,562	
	13	Professional fees and other payments to independent contractors																															
	14	Occupancy, rent, utilities, and maintenance																															
	15	Printing, publications, postage, and shipping																														2,289	
	16	Other expenses (describe in Schedule O)																														134,920	
17	Total expenses. Add lines 10 through 16 ▶																														160,772		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													6,492		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													53,765		
	20	Other changes in net assets or fund balances (explain in Schedule O)																															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																													60,257		

SCANNED MAR 31 2011

RECEIVED
MAR 31 2011
OPEN UP

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,682 22	57,097
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,083 24	3,160
25 Total assets	53,765 25	60,257
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,765 27	60,257

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Care and adoption of Retired Racing Greyhounds
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 GPACF transitioned 370 greyhounds from racing into adoption. GPACF provided spay/neuter services for 340 greyhounds. 22 Greyhounds were adopted locally. GPACF orchestrated 11 shipments and transported 348 greyhounds to 23 Greyhound Rescue Groups in non-racing states. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	160,772
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	160,772

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dennis Tyler 3525 Manassas Avenue, Melbourne, FL, 32934	President - 40	0		
Vicki Smith 938 Elkcam Blvd, Cocoa, FL, 32927	Vice President - 25	0		
Claire Tyler 3525 Manassas Avenue, Melbourne, FL, 32934	Treasurer - 40	0		
Lorie Stewart 240 Jason Court, Satellite Beach, FL, 32937	Secretary - 5	0		
Brenda Stacy 625 Outer Drive, Cocoa, FL, 32927	Special Events - 5	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, financial accounts, and donor funds. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 ▶ _____


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each received more than \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 
 Signature of officer
 CLARE R. TYLER, T
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name _____ Preparer's signature _____
 Firm's name ▶ _____
 Firm's address ▶ _____

May the IRS discuss this return with the preparer shown above? Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Greyhound Pets of America Central Florida, Inc.	Employer identification number 27-1521370
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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.)

- 1 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).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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 b Type II c Type III—Functionally integrated d Type III—Other
- e 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 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)	

h Provide the following information about the supported organization(s).

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

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.)

Section A. Public Support

Calendar 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.")	117,008	154,996	153,184	138,271	153,133	716,592
2 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 to the organization without charge						
4 Total. Add lines 1 through 3	117,008	154,996	153,184	138,271	153,133	716,592
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)						113,917
6 Public support. Subtract line 5 from line 4						602,675

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	117,008	154,996	153,184	138,271	153,133	716,592
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	678	1,517	1,067	636	48	3,946
9 Net income from unrelated business activities, whether or not the 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						720,538

12 Gross receipts from related activities, etc. (see instructions) **12** 44,465

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	83.64 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	86.19 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar 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.")						
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						
3 Gross receipts from activities that 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 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

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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Form 990EZ, Page 1, Expenses, line 16	Amount Total
Adoption Expense	1,208
Bank Charges	580
Conferences/Conventions/Meetings	256
Dog Food & Related Supplies	29,515
Donations - Cash	3,165
Donations - NonCash	190
Dues to National Affiliate	102
Equipment Rental/Maintenance	3,211
Greyhound Transportation	21,039
Insurance (Liability)	1,647
Kennel Expense	4,742
Legal Fees	487
Misc	1,378
Office Supplies	1,739
Telephone	2,431
Travel	221
Veterinary services	63,009
Total	134,920

Form 990EZ, Page 2, Balance Sheet, Line 24

Other assets include Merchandise such as tee-shirts and dog related items that are used for fundraising

State of Florida

Department of State

I certify from the records of this office that GREYHOUND PETS OF AMERICA CENTRAL FLORIDA, INC is a corporation organized under the laws of the State of Florida, filed on December 14, 2009, effective December 7, 2009.

The document number of this corporation is N09000011876.

I further certify that said corporation has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on January 29, 2010, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Sixth day of July, 2010



Laura K. Roberts
Secretary of State

Authentication ID 100183671011-072610-N09000011876

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed
<https://efile.sunbiz.org/certauthver.html>

**Electronic Articles of Incorporation
For**

N09000011876
FILED
December 14, 2009
Sec. Of State
sprather

GREYHOUND PETS OF AMERICA CENTRAL FLORIDA, INC

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

GREYHOUND PETS OF AMERICA CENTRAL FLORIDA, INC

Article II

The principal place of business address:

3525 MANASSAS AVE
MELBOURNE, FL. US 32934

The mailing address of the corporation is:

3525 MANASSAS AVE
MELBOURNE, FL. US 32934

Article III

The specific purpose for which this corporation is organized is:

TO PLACE RETIRED RACING GREYHOUNDS IN PERMANENT HOMES THRU
OUR ADOPTION PROGRAM. TO RAISE FUNDS TO ASSIST IN THE
ADOPTION OF THE GREYHOUND, SPAY, M NEUTER AND REPAIR BROKEN
LEGS

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS

Article V

The name and Florida street address of the registered agent is:

DENNIS TYLER
3525 MANASSAS AVE
10
MELBOURNE, FL 32934

I certify that I am familiar with and accept the responsibilities of registered agent.

N09000011876
FILED
December 14, 2009
Sec. Of State
sprather

Registered Agent Signature: DENNIS TYLER

Article VI

The name and address of the incorporator is:

WANDA S KENNEDY-HANCOCK
1135 N WICKHAM RD
APT 135
MELBOURNE, FL 32934

Incorporator Signature: WANDA S. KENNEDY-HANCOCK

Article VII

The initial officer(s) and/or director(s) of the corporation is/are

Title: P
DENNIS TYLER MR.
3525 MANASSAS AVE
MELBOURNE, FL. 32934 US

Title: VP
MONIQUE MOORE MRS.
3185 BANANA AVE
COCOA, FL. 32922 US

Title T
CLAIRE TYLER MRS
3525 MANASSAS AVE
MELBOURNE, FL. 32934 US

Title SEC
LORIE STEWART
240 JASON COURT
SATELLITE BEACH, FL. 32937 US

Title: 2VP
BRENDA STACY
625 OUTER DRIVE
COCOA, FL 32927 US

Title: 3VP
VICTORIA SMITH
938 ELKCAM BLVD
COCOA, FL. 32927 US

Article VIII

The effective date for this corporation shall be:

12/07/2009