Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150 2010

Open to Public

Inspection

For the 2010 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Check if applicable: Address change 75-2501093 Color Breed Council Inc Name change E Telephone number Room/suite Number and street (or P.O. box, if mail is not delivered to street address) Initial return 817-222-6422 PO BOX 161995 Terminated F Group Exemption City or town, state or country, and ZIP + 4 Amended return TX 76161 Number Fort Worth Application pending Cash X Accrual Other (specify) ▶ H Check ► X if the organization is not Accounting Method: Website: ▶ www.colorbreedcouncil.com required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Check > |X| 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. 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, 80,881 line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I X Check if the organization used Schedule O to respond to any question in this Part I 2,500 Contributions, gifts, grants, and similar amounts received 73,934 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 4,435 8 Other revenue (describe in Schedule O) q Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 800 13 Professional fees and other payments to independent contractors 13 3,267 14 Occupancy, rent, utilities, and maintenance 14 680 15 Printing, publications, postage, and shipping 15 58,905 16 Other expenses (describe in Schedule O) 16 63,652 17 Total expenses. Add lines 10 through 16 17 17,229 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net and Baces beginning of year (from line 27, column (A)) (must agree with 19 63,131 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

80,360

Part II	(2010) Color Bree	ed Council inc		-2301033			······································
Service and Control of the Control o		the instructions for Part II.)					ভ
	Check if the organization	used Schedule O to respond to any					
				(A) Beginning of year	·····	(B) E	ind of year
22 Cash, sav	rings, and investments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		116,78			140,769
23 Land and	buildings	,	,		0 23		2 214
24 Other ass	ets (describe in Schedule O)			3,89			3,214
25 Total ass	ets			120,68			143,983
26 Total liab	ilities (describe in Schedule C))		57,55			63,623
William Control of the Control of th	s or fund balances (line 27 o	f column (B) must agree with line 21)		63,13	1 27		80,360
Part III	Statement of Program	n Service Accomplishments (s	ee the instruction	s for Part III.)	₹] _{(R}	•	enses
***************************************		used Schedule O to respond to any	question in this F	'art III L		•	or section
What is the o	rganization's primary exempt p	urpose?			- 1		nd 501(c)(4) ns and section
See Sche				ماتحمما مستحد		-	trusts; optional
Describe wha	t was achieved in carrying out	the organization's exempt purposes. In a	clear and concise	manner, describe			
		s benefited, or other relevant information				r others.)	
	Breed Judges Seminars				• • •		
		continuing education.					
	applicants attended for	or initial certification.			7 28a		63,652
(Grants \$) !	f this amount includes foreign grants, ch	eck nere	<u></u>			03,002
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		f this amount includes foreign grants, ch	ark here	.	30a		
(Grants \$	gram services (describe in Sc				1 300		
	dram services (describe ill oc				<u>, </u>		
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(Grants \$)	f this amount includes foreign grants, ch	eck here		31a ▶ 32		63,652
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(Grants \$	gram service expenses (add List of Officers, Directors,	f this amount includes foreign grants, ch lines 28a through 31a) Trustees, and Key Employees. List ea	eck here	ot compensated. (▶ 32	nstructio	
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Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			$\overline{}$
	Check if the organization used Schedule O to respond to any question in this Part V			
22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed	Γ	Yes	No
33	description of each activity in Cabadula O	33		x
24	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schodula O (see instructions)	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported	***		
30	on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4).			
u	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	,		
•	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶	_		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	33000000000	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			/ ** ***
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed. ▶ None	1 0 0 0	4 0	77 / 1
42a	The organization's books are in care of ▶ American Paint Horse Assoc Telephone no. ▶	317-83	4-2	/,4
	P O Box 161995	76161		
	Located at ▶ Fort Worth TX ZiP + 4 ▶	\0T0T		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		177	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[40]	Yes	No X
	account)?	42b		
	If "Yes," enter the name of the foreign country: ▶	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	40-		X
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	<u> </u>
	If "Yes," enter the name of the foreign country: ▶			. [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			[Y	T No
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			- V
	completed instead of Form 990-EZ		 	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<u></u>
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			######################################
	explanation in Schedule O	44d	L	<u></u>

Form 990-	-EZ (2010)	Color	Breed	Council	Inc	7.5	<u>-2501093</u>	3			Page 4
									r		Yes No
15 Isa	ny related or	ganization a	controlled en	tity of the organ	ization within the me	aning of section 51	2(b)(13)?			45	X
					in any transaction w						
					chedule R may need						
		ee instruction			•					45a	X
				directiv. in politic	cal campaign activitie	es on behalf of or in	n opposition				
	andidataa fa	r nublic office	2 If "Vac " or	mniete Schedu	le C. Part I					46	X
Part V	Sect	ion 501(c)	(3) organi	zations and	section 4947(a)	(1) nonexemp	t charitable	trusts o	n ly. All se	ction	
SA S	501(c	:)(3) organiz	ations and	section 4947(a	ı)(1) nonexempt ch	aritable trusts mi	ust answer que	stions 47	-49b		
				oles for lines 5							
	Chec	k if the orga	nization use	ed Schedule O	to respond to any	question in this F	art VI				<u> L.l.</u>
											Yes No
47 Did	the organiza	tion engage	in lobbying a	ctivities? If "Yes	" complete Schedule	e C, Part II				47	X
)(1)(A)(ii)? If "Yes," c					48	X
	•				n-charitable related o				1	49a	X
	•		•	ction 527 organ					1	49b	
					npensated employee	s (other than office	rs, directors, tru	stees and i	кеу		
emi	olovees) who	each receive	ed more than	\$100,000 of co	mpensation from the	organization. If th	ere is none, ente	er "None."			
				mployee paid more		(b) Title and average	(c) Compensation	n (a) Con	tributions to benefit plans &		Expense ount and
	()		than \$100,000			hours per week devoted to position			compensation		allowances
None											
		,,,,,,,,,,,,,									
	* * * * * * * * * * * * * *		.,,								
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**********							<u> </u>				
		other emplo			. , , ,	🕨		······································			
					npensated independe		each received	more than			
\$10	0,000 of cor	npensation fr	om the orgar	ization. If there	is none, enter "None						
	(a) Name and	d address of ea	ch independen	t contractor paid n	nore than \$100,000	(b)	Type of service		(c) Co	ompens	ation
None											
. , , , , , , , , ,					. , , , , , , , , , , , , , , , , , , ,						
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											·····
					iving over \$100,000		->/d>				
	-	•			tion 501(c)(3) organi				<b>▶</b> X	Yes	No
nor	exempt cha	ritable trusts	must attach a	a completed Scl	nedule A				······································	J	1 140
Under pena	alties of perjun	y, I declare that te: Declaration	I have examine of preparer (oth	ed this return, incit her than officer) is	uding accompanying sch based on all information	equies and statement of which preparer ha	s any knowledge.	Of HIS KIROWIN	age and ben	.01, 1010	
	I &		01 (p10 pan a 1 (				<u> </u>				
Sign		nature of officer					 Date			<u> </u>	<del></del>
		Sid Hut		t		Pres	ident				
Here		e or print name							***************************************		
MARKET		preparer's nar			Preparer's signature		Da	ite	Check if	PTIN	
Daid								- 1	Checkif self-employe	1	ነጻስፍፍላ
Paid		arr, Jr.			C. R. Parr, Jr.	D C	1 04	****			25399
Prepare					sociates,	r.C.		Firm's Elf	V F 30	V .L.	<u> </u>
Use On	Y Firm's ad		О Вож		11960			Dharass	817_	722	-6790
84	IDC -*:		urst,		54-4869 e? See instructions .			Phone no		X Ye	
	ino aiscuss	uns return W	ini nie biebai	Et SHOWII SDUVE	er dec manachona .					<u> </u>	0-EZ (2010)
DAA									ΓV	,, 00	12010

#### SCHEDULE A (Form 990 or 990-EZ)

## **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

Department of the Treasury Internal Revenue Service Name of the organization

Color Breed Council Inc

Employer identification number 75-2501093

P	art I	Reaso	on for Public Charity	Status (All organizations	s must c	omplete	e this p	oart.) S	<u>See in</u>	struction	ons.		
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 11, o	check only	one box.	)						
1	П	A church, cor	vention of churches, or asso	ociation of churches described	in section	170(b)(1	)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3				e organization described in se	ction 170(	b)(1)(A)(i	ii).						
4		A medical res	search organization operated	I in conjunction with a hospital	described	in sectio	n 170(b)	(1)(A)(ii	i). Ente	r the hos	pital's nam	е,	
	lJ	city, and state											
5				f a college or university owned	or operate	ed by a go	vernme	ntal unit	descri	bed in			
•	L)	- <del>-</del>	b)(1)(A)(iv). (Complete Part		,	-							
6				overnmental unit described in s	ection 17	0(b)(1)(A)	)(v).						
7	222900			substantial part of its support fr				rom the	genera	l public			
'	لــا		section 170(b)(1)(A)(vi). (Co		···· w 9 · · ·				•	•			
8				70(b)(1)(A)(vi). (Complete Part	- 11 }								
9	X			) more than 33 1/3% of its sup		contributio	ons mei	mbershi	o fees.	and gros	s		
J	22	raccipta from	activitias related to its ever	pt functions—subject to certain	exception	ns and (2	) no ma	re than	33 1/39	% of its			
		aunned from	arose investment income ar	d unrelated business taxable in	come (les	s section	511 tax	) from b	usiness	ses			
				), 1975. See section 509(a)(2)				,					
40	Г			exclusively to test for public saf									
10				exclusively for the benefit of, to					out the	3			
11	Ш	All Olganizati	on organized and operated to	ed organizations described in s	ection 509	(a)(1) or	section	509(a)(2	). See	section			
		FOO(3)(3) Ch	ack the hav that describes t	ne type of supporting organizat	ion and co	mplete lir	nes 11e	through	, 11h.				
				c Type III-Function	ally integr	ated	d	Type	e III-Ot	her			
_				anization is not controlled direc			1	***************************************					
е	Ш	other than for	indution managers and other	r than one or more publicly sur	norted or	nanization	s descr	ibed in s	ection	509(a)(1)			
		or section 50		, man one of more pooners out	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
£				rmination from the IRS that it is	s a Type I.	Type II. o	or Type	III sappo	orting				
f			check this box					• •					
				ion accepted any gift or contrib	oution from	anv of th	 1e						harmond
g				non accepts a any give or comme									
		following per		ontrols, either alone or together	with nerse	ons descr	ibed in (	ii) and				Yes	No
				supported organization?							11g(	,	
		• ,	w, the governing body of the member of a person describ								51ni		
				h h 11 (2) - 27) - 5 0							110/		
١.				he supported organization(s).						,,		_/1	
<u>n</u>				(iii) Type of organization	(lyt) is the t	organization	(v) Did (v)	rou notify	(vi)	Is the	(vii) A	mount of	F
(1)		e of supported ganization	(ii) EIN	(described on lines 1–9		sted in your	the organ	nization in	organizat	ion in col.		pport	
		9		above or IRC section	governing	document?		of your port?		zed in the S.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
						<del>                                     </del>			<del>                                     </del>	<del>  </del>			
(A)			-										
(B)													
<u> </u>				L-L-Watermann	<del> </del>		<u> </u>						
(C)													
رم.					-						······································		
(D)													
(E)						<b>†</b>							
\~ <i>,</i>													
***************************************													
Tot	al						<b>!</b>	1888					

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 (e) 2010 (f) Total (b) 2007 (c) 2008 (d) 2009 Calendar year (or fiscal year beginning in) (a) 2006 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (e) 2010 (f) Total (d) 2009 (b) 2007 (c) 2008Calendar year (or fiscal year beginning in) (a) 2006 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...... Net income from unrelated business activities, whether or not the business is regularly carried on ...... Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) ..... Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 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)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 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 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 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 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 _____

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990 or 990-EZ) 2010 Color Breed Council Inc 75-2501093 Pag

| 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.)

	ii tile Organization rans to	quality arraor	ino tooto notou	00.00.			
	tion A. Public Support	4-> 0000	/E) 2007	(5) 2009	(d) 2009	(e) 2010	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(a) 2009	(e) 2010	(1) 10(2)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,000	2,500	2,500	2,500	2,500	13,000
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	69,044	64,505	60,662	78,265	78,369	350,845
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	A CONTRACTOR OF THE PROPERTY O					
5	The value of services or facilities furnished by a governmental unit to the organization without charge			4			
6	Total. Add lines 1 through 5	72,044	67,005	63,162	80,765	80,869	363,845
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.)						363,845
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	72,044	67,005	63,162	80,765	80,869	363,845
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,918	1,680	476	7	12	4,093
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,918	1,680	476	7	12	4,093
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				***************************************	0	
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,			-			257 222
	and 12.)	73,962	68,685		80,772		367,938
14	First five years. If the Form 990 is for the organization, check this box and stop he	re <u> , , </u>	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	urth, or fifth tax yea	ir as a section 501	(c)(3)	<u></u> ▶ □
Sec	tion C. Computation of Public S						
15	Public support percentage for 2010 (line						98.89%
16	Public support percentage from 2009 Sch						97.41%
Sec	tion D. Computation of Investme					1 4- 1	- 01
17	Investment income percentage for 2010 (					1 1	1%
18	Investment income percentage from 2009	9 Schedule A, Part	III, line 17				1%_
19a	33 1/3% support tests—2010. If the orga	anization did not che	eck the box on line	14, and line 15 is	more than 33 1/3	%, and line	<b>▶</b> [X]
	17 is not more than 33 1/3%, check this I	oox and stop here.	The organization of	qualifies as a publi	ciy supported orga	mzauon nn 33 1/2% and	P
b	33 1/3% support tests—2009. If the orga	anization did not chi	eck a box on line 1	4 or line 19a, and	unt to is more the jublicly europeded	an oo 17070, and organization	▶ □
	line 18 is not more than 33 1/3%, check the Private foundation. If the organization discount is the organization of the organization of the organization discount is the organization of the organization of the organization discount is the organization of the organiza	id not chook a box	ere. rne organizat on line 14, 100, or	ion quainics as a f 10h -check thic ho	vand see instructi	ons	·····
20	rrivate foundation, if the organization of	IN THE CHECK A DOX (	,,, ;;;;;; i +, ; ; ;a, U;	. Ju, Unious trad DO			

Schedule A (Fo	orm 990 or 990-EZ) 2010	Color Bre	eed Counci	1 Inc	75-2		Page 4
Part IV	Supplemental Info Part II, line 17a or instructions).	armation Comp	lete this part to	provide the expl	anations required l rt for any additiona	oy Part II, line 10; I information. (See	
			.,.,,,			***************************************	
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#### 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

Color Breed Council Inc

Employer identification number 75-2501093

Color Breed Counci	1 Inc			75-2501093	
Form 990-EZ, Part I, Line 8 -	Other	Rev	enue	,,	
Description	, , , , , , , , , , , , , , , , , , , ,	,,,	Amount	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Room Rebate		\$	4,150		
Returned Check Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	285	***********	,,
	Total	<b>.</b> \$	4,435		
	,			,,	
Form 990-EZ, Part I, Line 16	- Otne:	r Ex			
Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Amount		
Expenses			, ,	,,,	,
		\$	1,672		************
Travel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>\$</b>	10,035		
Vending & Catering		\$	18,002		,,
Liability insurance	,	\$	1,102		
Awards		\$	372		
Bank Service Charges	,,,,,,,,,,,,	\$	1,440	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Contract Labor-Instructor		\$	23,540		
Postage		\$	932		
Per Diem		\$	1,810		
	Total	<b>\$</b>	58,905		
Form 990-EZ, Part II, Line 24	ł - Oth	er A	ssets		
			Beg.	of Year End	of Year
			<b></b> \$		
Prepaid Expenses and Deferred					
Equipment			\$		
darbiicire				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,

Name of the organization  Color Breed Council Inc	Employer identification number 75-2501093				
Less Accumulated Depreciation	\$	1,317 \$	3,054		
	Total \$	3,893 \$	3,214		
Form 990-EZ, Part II, Line 26 - Other Lial	bilities		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Description		of Year End	of Year		
		25 \$			
Deferred Revenue	\$		62,250		
Form 990-EZ, Part III - Primary Exempt Pu	rpose				
To certify equine show judges to judge the	e various ho	rse			
breeds of color at equine shows, exposition			,		
Continuing education and re-certification	of existing	r			
judges as well as the continued policing					
judges.					
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			, , , , , ,		

# Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

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

➤ See separate instructions.

> Attach to your tax return.

Identifying number

Color Breed Council Inc 75-2501093 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-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) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 1,737 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2010 ...... 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 (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (e) Convention (f) Method (a) Classification of property placed in /business/investment use only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property S/I 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental S/L 27.5 yrs. MM property MM S/L 39 vrs. Nonresidential real MM S/L property Section C-Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L MM 40 vrs. c 40-year Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 1,737 and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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## Federal Asset Report Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
1	Depreciation: 4 Projectors 4 Laptops Total Other Depreciation	2/01/09 8/18/09	3,798 1,412 5,210			3,798 1,412 5,210	3 MO S/L	1,160 157 1,317	1,266 471 1,737
	Total ACRS and Other Depr	eciation	5,210		:	5,210		1,317	1,737
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals	fers	5,210 0 0 5,210			5,210 0 0 5,210		1,317 0 0 1,317	1,737 0 0 1,737

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## AMT Asset Report Form 990, Page 1

<u>Asset</u>	Description	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
1	Depreciation: 4 Projectors 4 Laptops Total Other Depreciation	2/01/09 8/18/09	3,798 1,412 5,210			3,798 1,412 5,210		1,160 157 1,317	1,266 471 1,737
	Total ACRS and Other Depre	eciation	5,210			5,210		1,317	1,737
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers _	5,210 0 5,210			5,210 0 5,210		1,317 0 1,317	1,737 0 1,737

75-2501093	Depreciation Adjustment Report  All Business Activities							
Form Unit Asset	Description  There are no assets that meet the crite	Tax	AMT	AMT Adjustments/ <u>Preferences</u>				
	There are no assets that meet the crite	1						

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# Future Depreciation Report FYE: 12/31/11 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
1 2	4 Projectors 4 Laptops	2/01/09 8/18/09	3,798 1,412	1,266 471	1,266 471
	Total Other Depreciation		5,210	1,737	1,737
	Total ACRS and Other Depreciation		5,210	1,737	1,737
	Grand Totals		5,210	1,737	1,737

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## **Federal Diagnostics**

Prepared by: C. R. Parr, Jr. 04/27/2011 04:12 PM reggie

Platform Version: 10.5.1 Federal Version: 10.5.1	Federal Diagnostics	04/27/2011 04:12 PI reggi
Critical Messages		
None		
Electronic Filing		
None		
Informational Messages		
Preparer 'C. R. Parr, Jr.'		
<ul><li>☑ Data accepted via Datasharing</li><li>☑ Officers, directors, trustees and</li><li>☑ Force field entered with data "1</li></ul>	key employee address information is a required entry.	
Missing Data		
		Prior Year Data
Balance Sheet - Assets		
☐ Accounts receivable - BOY		600
☐ Prepaid expense - BOY		276

### Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning

, and ending

75-2501093

#### Color Breed Council Inc

Net Asset / Fund Balance at Begin	ining or rour			63,131
Revenue				
Contributions		2,500		
Program service revenue		73,934		
Investment income		12		
Capital gain / loss	***************************************			
Special events:				
Czaca rayanyla				
Direct expenses	West and the control of the control			
Net income				
Other income		4,435		
Total revenue	***************************************	<del>*************************************</del>	80,881	
Expenses			<del></del>	
Program services				
Management and general		<del> </del>		
Fundraising				
Total expenses		······································	63,652	
Excess / (deficit)		**************************************		17,229
Other changes			***********	
Net Asset / Fund B	alance at End of Year			80,360
Reconciliation of R	evenue		Reconciliation of Exper	ises
otal revenue per financial statements			r financial statements	
988:		Less:	<del></del>	
Unrealized gains		Donated servi	ces	
Donated services		Prior year adju	******	
Recoveries		Losses	<del></del>	
Other		Other	<del></del>	
us:		Plus:		
Investment expenses		Investment ex	penses	
Other		Other		
Total revenue per return			enses per return	
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	120,681	Ending 143,983	Differences	
Assets Liabilities	120,681 57,550	Ending 143,983 63,623		
	120,681	Ending 143,983	Differences	
Liabilities	120,681 57,550 63,131	Ending 143,983 63,623 80,360		
Liabilities	120,681 57,550 63,131 Miscellaneous Inf	Ending 143,983 63,623 80,360		
Liabilities	120,681 57,550 63,131	Ending 143,983 63,623 80,360		