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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
LABRADOR RETRIEVER CLUB, INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
295 WOODS ROAD

City or town, state or country, and ZIP + 4
ELKTON MD 21921

D Employer identification number
82-0411489

E Telephone number
410-885-2671

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I **Website:** ▶ N/A

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

J **Tax-exempt status** (check only one) — ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 132,226

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	115,179
3	Membership dues and assessments SEE STATEMENT 1		3	16,615
4	Investment income		4	432
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe ▶)		8	
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	132,226
10	Grants and similar amounts paid (attach schedule) STMT 2		10	27,316
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	
13	Professional fees and other payments to independent contractors		13	
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe ▶ SEE STATEMENT 3)		16	110,726
17	**Total expenses.** Add lines 10 through 16 ▶		17	138,042
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,816
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)		19	168,003
20	Other changes in net assets or fund balances (attach explanation)		20	
21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	162,187

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	167,585	22	161,769
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 4)	418	24	418
25 **Total assets**	168,003	25	162,187
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	168,003	27	162,187

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

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

What is the organization's primary exempt purpose?

PROMOTION AND BETTERMENT OF RECOGNIZED RETRIEVER BREED DOGS

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, or other relevant information for each program title

28 SEE STATEMENT 5

(Grants $ 27,316) If this amount includes foreign grants, check here ▶ ☐ 28a 138,042

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 138,042

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
SEE STATEMENT 6				

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	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 on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
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 period 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			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ ; section 4955 ▶ _____			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	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		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ MADELYN YELTON Telephone no ▶ 410-885-2671

Located at ▶ 295 WOODS ROAD ELKTON, MD ZIP + 4 ▶ 21921

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating 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

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

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

Madelyn B. Yelton — Signature of officer — Date 5/14/10

MADELYN YELTON — TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 05/05/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr) P00118769

Firm's name (or yours if self-employed), address, and ZIP + 4: ROSATONE & BELL, LLC, 116 SUMMER ST, HAVERHILL, MA 01830-6032 — EIN ▶ 20-2019806 — Phone no ▶ 978-372-8222

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	$ 16,615
TOTAL	$ 16,615

Labrador Retriever Club, Inc.
Year-End 2009 Financial Summary

To: Don Bell

From: Madelyn B. Yelton
Treasurer - Labrador Retriever Club, Inc.

Date: February 5, 2010

Re: LRC - 2009 Tax Returns

Charitable Contributions/Grants: $27,316

Donation - Bird Dog Bldg & Endowment $5,520

Bird Dog Foundation, Inc.	check 1347	164
Retriever Building & Endowment Fund	check 1402	144
P.O. Box 774	check 1424	59
Grand Junction, TN 38039	check 1432	5000
sportdog@bellsouth.net	check 1450	153
731-764-2058	total:	5520

Donation - Morris Animal Foundation $5,000

Morris Animal Foundation
10200 East Girard Ave, Suite B430
Denver, CO 80231
check 1433
09/03/09

Donation - Pet Pac $500

Pet Pac
P.O. Box 188559
Sacramento, CA 95818-8559
www.PetPac net
916-484-7947
check #1391
7/15/09

Donation - Lab Rescue $3,000

Lab Rescue of the Labrador Retriever
Club of the Potomac, Inc.
P.O. Box 1741
Silver Spring, MD 20915
www.lab-rescue.org
301-299-6756
check #1436
9/9/09

Donation - AKC Canine Legislative Foundatio $10,000

AKC Canine Legislative Foundation
% AKC Government Relations Department
8051 Arco Corporate Drive, Suite 100
Raleigh, NC 27617-3390
www.akc.org
919-816-3600
check #1465
10/26/2009

Donation - AKC Canine Health Foundation $2,296

AKC Canine Health Foundation
P.O. Box 900061
Raleigh, NC 27675-9061
www akcchf.org
888-682-9696

	check #1328	230
	check #1360	2066

Donation - AKC Humane Fund $1,000

AKC Humane Fund
% AKC Government Relations Department
8051 Arco Corporate Drive, Suite 100
Raleigh, NC 27617-3390
www.akc org
919-816-3600
check #1421
8/17/09

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
PRINTING & PUBLICATIONS	20,749
INSURANCE	1,798
JR SHOWMANSHIP AWARD	500
FIELD TRIALS & HUNT TESTS	37,064
WEBSITE COSTS	2,260
NATIONAL SPECIALTY EVENT	22,414
NATIONAL CLUB & AKC DUES	925
BOARD & DELEGATE MEETINGS	7,870
MISCELLANEOUS EXPENSE	542
ADMINISTRATIVE FEES	7,870
LAB RESCUE TROPHIES	1,800
PROFESSIONAL FEES	860
AKC EXPENSE	740
SUPPLIES	2,016
BREED EDUCATION	2,727
JUDGES EXPENSE	591
TOTAL	$ 110,726

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES AND DEFERRED CHARGES	$ 418	$ 418
	418	418

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
FEES CHARGED TO ENTER FIELD TRIALS TO COMPETE IN THE SPORT OF RETRIEVING. THE ORGANIZATION BUYS AND PROVIDES SUPPLIES TO BE USED IN THE SPORT OF RETRIEVING. THE ORGANIZATION SPONSORS ANNUAL COMPETITION FOR LABRADOR RETRIEVERS.

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
A NELSON SILLS	PRESIDENT		0	0	0
FRED KAMPO	VP		0	0	0
MADELYN B YELTON	TREASURER		0	0	0
MARY FEAZELL	SECRETARY		0	0	0
GLENDA BROWN	DIRECTOR		0	0	0
CHARLES HAYS	DIRECTOR		0	0	0
PAUL FOSTER	DIRECTOR		0	0	0
DEBRA MILLER	DIRECTOR		0	0	0
J KENT SWEEZEY	DIRECTOR		0	0	0
JUXI BURR	DIRECTOR		0	0	0
BARBARA HOLL	DIRECTOR		0	0	0
NINA MANN	DIRECTOR		0	0	0
WILLIAM M DALEY	DIRECTOR		0	0	0
JOHN MCASSEY	DIRECTOR		0	0	0
FRANCES SMITH	DIRECTOR		0	0	0
MADELYN B YELTON	DIRECTOR		0	0	0
DONALD DRIGGERS	DIRECTOR		0	0	0
JOHN W MORGAN	DIRECTOR		0	0	0

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LINDA OLDHAM	DIRECTOR		0	0	0
SHEREE PASKERT	DIRECTOR		0	0	0
A NELSON SILLS	DIRECTOR		0	0	0
KATHARINE SIMONDS	DIRECTOR		0	0	0
WILLIAM SPECK	DIRECTOR		0	0	0
CAROLYN TREMOR	DIRECTOR		0	0	0
FRED KAMPO	DIRECTOR		0	0	0
GRAYSON KELLY	DIRECTOR		0	0	0
J KENT SWEEZEY	DIRECTOR		0	0	0