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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, 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

2011

**Open to Public** Inspection

AF	or the 2	2011 calendar year, or tax year beginning	, 2011, and	d ending		, 20	
Вс	heck of app	olicable C Name of organization			D Employ	er Identification numl	ber
□ A	ddress cha	sammee Mountain Kennel Club of Georgia			91-	1997228	
_ N	ame chang	Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Telepho	ne number	
ir	nitial return						
<u> </u>	erminated	254 OLD ELLIJAY ROAD EAST		_	(70	6) 265-2050	
A	mended re	turn City or town, state or country, and ZIP + 4			F Group E	xemption	
_ A	pplication	pending DAHLONEGA, GA 30533-4828			Number	<b>•</b>	
G	Account	ing Method ☐ Cash 💢 Accrual Other (specify) ▶	,	Н	Check▶	] if the organization is	s not
1	Website	e: ▶ www.smkcga.com			required to a	ittach Schedule B	
JT	ax-exer	mpt status (check only one) - ☐ 501(c)(3) 🔀 501(c)(3 ) ◀ (insert no )	4947(a)(1) o	r 527	(Form 990, 9	990-EZ, or 990-PF)	
KC	Check •	if the organization is not a section 509(a)(3) supporting organization	or section 5	27 organizatio	on and its gro	ss receipts are normall	y
n	ot more	than \$50,000 A Form 990-EZ or Form 990 return is not required though	Form 990-N	(e-postcard)	may be requii	ed (see instructions) E	But if
tl	he orgar	nization chooses to file a return, be sure to file a complete return					
		55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are	e \$200,000 d	r more, or if to	otal assets (P	art II,	
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 99					2,233
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fu	ınd Balan	ces (see the	instructions	or Part I)	
١		Check if the organization used Schedule O to respond to any question					. X
	1	Contributions, gifts, grants, and similar amounts received				1	
		Program service revenue including government fees and contracts			[	2 130	0,595
		Membership dues and assessments				3 1	1,088
	4	Investment income				4	15
	5a	Gross amount from sale of assets other than inventory	5a	1			
		Less cost or other basis and sales expenses					
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b fi				5c	
_	1	Gaming and fundraising events					
R e	1	Gross income from gaming (attach Schedule G if greater than					
٧		\$15,000)	6a	1			
e n	ь	Gross income from fundraising events (not including \$	<del></del>	of contribution	ns		
u e		from fundraising events reported on line 1) (attach Schedule G if the					
	1	sum of such gross income and contributions exceeds \$15,000)	6b	,			
		Less direct expenses from gaming and fundraising events		; [			
		Net income or (loss) from gaming and fundraising events (add lines 6a a		btract		3	
	_	line 6c)			]	6d	
	7a	Gross sales of inventory, less returns and allowances	i i		· · · · · · · · · · · · · · · · · · ·		
	l	Less cost of goods sold		,		0-1-0	
$\approx$	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7				7c	
20	1	Other revenue (describe in Schedule O)				8	535
	ľ	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9 132	2,233
04		Grants and similar amounts paid (list-in-Schedule-O)				10	6,849
ANNED DEC	11					11	
<b>出於</b>	12	Salaries, other compensation, and employee benefitsQ			1	12	
O P	13	Salaries, other compensation, and employee benefits				13	
i iii	14	Occupancy, rent, utilities, and maintenance V 1 3, 2012, 1011				14	2,964
Z s e	15	Printing, publications, postage, and shipping				15	400
SCANNED	16	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O) GDEN, UT.					1,532
(S)	17	Total expenses. Add lines 10 through 16					1,745
	18			<del></del>			0,488
A	19	Net assets or fund balances at beginning of year (from line 27, column (			· · · · · ·		
NS	'	end-of-year figure reported on prior year's return)				19 4	7,406
A Ns e e t t	20	Other changes in net assets or fund balances (explain in Schedule O)				20	
Š	21	Net assets or fund balances at end of year Combine lines 18 through 20					7,894
=		vork Reduction Act Notice, see the separate instructions.		EEA	· · · · . 1	Form 990-EZ	

For	m 990-EZ (2011) SAWNEE MOUNTAIN KENNEL C	LUB OF GEORGIA			91-1	L997.	228 Page <b>2</b>
Pi	art II Balance Sheets.(see the instructions for Part II )						
	Check if the organization used Schedule O to respond t	o any question in this	Part il				🔀
				(A) Beginnin	g of year		(B) End of year
22	Cash, savings, and investments		[		47,406	22	57,892
23	Land and buildings		[		0	23	0
24	Other assets (describe in Schedule O)		[		0	24	2
25	Total assets		[	ı	47,406	25	57,894
26	Total liabilities (describe in Schedule O)		[		0	26	0
	Net assets or fund balances (line 27 of column (B) must agree				47,406	27	57,894
,	art III Statement of Program Service Accomplis			Part III )		<del>                                     </del>	Expenses
	Check if the organization used Schedule O to respond				$\square$	(Red	guired for section
W/h	at is the organization's primary exempt purpose? EDUCATING				• • • 🗀	┥`	(c)(3) and 501(c)(4)
							anizations and section
	scribe the organization's program service accomplishments for ea	_				1	7(a)(1) trusts, optional
	measured by expenses. In a clear and concise manner, describe to sons benefited, and other relevant information for each program to	•	the number o	1			others )
<u>-</u>	WE HOLD TWO SHOWS, MATCHES AND CLASSES TO E		T.TC		<del></del> -	101 0	T
28	AND SHOWCASE PUREBRED CANINES. PROMOTE THE						
					<del></del>		
	PUREBRED DOGS THROUGH DONATONS TO AKC HEALT					200	105 430
	(Grants \$ ) If this amount in	cludes foreign grants,	cneck nere .	• • • • • •		28a	105,438
29					<del></del>		
	(Grants \$ ) If this amount in	cludes foreign grants,	check here .	· · · · · ·	. ▶ 🔃	29a	
30						İ	
	(Grants \$ ) If this amount in	cludes foreign grants,	check here .		. • 🗆	30a	
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount in	cludes foreign grants,	check here .		. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a through 31a)				▶	32	105,438
	art IV List of Officers, Directors, Trustees, and Key Emplo	ovees. List each one	even if not con	npensated (	see the ins	tructi	ons for Part IV)
نت	Check if the organization used Schedule O to respond						_
_		(b) Title and average	(c) Reportab		lealth benefits		
	(a) Name and address	hours per week	compensation	on contrib	utions to emp	- 1	(e) Estimated amount of
	(a) Hallo and success	devoted to position	(Form W-2/1099-		iefit plans, and red compensa		other compensation
MA1	RYANN HEFFELFINGER	PRESIDENT	(ii fice pead, cir	u -0-7   uoioi	rea componist	1	
	D DOUBLE SPRINGS WAY, ALPHARETTA GA 30004	5		d		d	0
_	HNNY BRIDGES	1ST VICE PRES	<u> </u>	1		—-}	<del></del>
						٦	0
_	4 OLD ELLIJAY ROAD EAST, DAHLONEGA GA 30533		+	<del></del>		<del>- 1</del>	
	RLENE KELLEY	2ND VICE PRES	İ	٦		٦	0
	0 RUNNING FAWN DRIVE, SUWANEE GA 30024	3	<del> </del>			-	
	NDY HOGAN	SECRETARY	Ì	٦		ا	^
	4 OLD ELLIJAY ROAD EAST, DAHLONEGA GA 30533		<del></del>	Y		-4	0
	RRI ANN VOTAVA	TREASURER	1				_
25	4 OLD ELLIJAY ROAD EAST, DAHLONEGA GA 30533	5	<u> </u>	<u> </u>		<u></u>	0
						- 1	
_							
		-					
_							
		<u> </u>				]	
_		]	1				
		1					
			<del>                                     </del>				
		]					

EEA

Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			į
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			}
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		ļ
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	26		77
<b>07</b> -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	37b		X
	Did the organization file Form 1120-POL for this year?	3/6		
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1		
a	200			
	Gross receipts, included on line 9, for public use of club facilities	Ì		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	i		
70 4	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		1	
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 !	40b		
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			1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	
	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		<u> </u>
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in date of a		65-20	)50
	Located at ► 254 OLD ELLIJAY ROAD EAST DAHLONEGA, GA ZIP+4 ► 305.	33		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<del></del>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country  See the pretry there for exceptions and filing requirements for Form TD F 90.33.1. Report of Foreign Bank			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
·	If "Yes," enter the name of the foreign country		1	
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	Ï	• •	_
		1	Yes	No
44 a	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			
	completed instead of Form 990-EZ	44b		X
¢	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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		<u> </u>	ļ
	Form 990-EZ (see instructions)	45b		X

						Yes	No
	d the organization engage, directly or indirectly,						
	candidates for public office? If "Yes," complete	Schedule C, Part I			. 46		X
Part V	501(c)(3) organizations and section and 52, and complete the tables for	n 4947(a)(1) nonexe r lines 50 and 51.	empt charitable trust	s must answer ques			_
	Check if the organization used Sch	ledule O to respond	to any question in tr	iis Part VI		Yes	No
<b>47</b> Did	d the organization engage in lobbying activities	or have a section 501(h)	election in effect during t	he tax		103	110
	ar? If "Yes," complete Schedule C, Part II				47	1	
<b>48</b> Is	the organization a school as described in section	n 170(b)(1)(A)(ıı)? If "Yes	s," complete Schedule E		. 48		
	d the organization make any transfers to an exe	•	<u>-</u>		49a		<u> </u>
	Yes," was the related organization a section 52 implete this table for the organization's five high				49b		
	implete this table for the organization's five high aployees) who each received more than \$100,0				еу		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate		
		<del> </del>					
		-					
		<u> </u>			L		
<b>51</b> Co	tal number of other employees paid over \$100,000 pmplete this table for the organization's five high 00,000 of compensation from the organization	est compensated indepe		ach received more than			
(a) Na	me and address of each independent contractor paid more than	\$100,000	(b) Type of service	в (с	c) Compensation	n	
						<del></del>	
			]				
	tal number of other independent contractors ea						
	d the organization complete Schedule A? Note: nexempt charitable trusts must attach a comple				► 🔀 Yes	. —	No
	riexempt charitable trusts must attach a complete stress of perjury, I declare that I have examined this return, inclu					<u> </u>	140
	t, and complete Declaration of preparer (other than officer) is						
	The same						
Sign	Signature of officer	3	··	Date 11-05	-2012		
Here	TERRI ANN VOTAVA, TREAS	URER	-	<b>54</b> .0			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN		
Paid	Wanda W Goodson	7	11-05-20		P00394	739	
Prepare			ICES	Firm's EIN			
Use Onl	y Firm's address > 159 HIGHWAY 53 Dawsonville GA			Phone no	706-265-	2050	J
May the	IRS discuss this return with the preparer showr		ns		► X Yes		No
			EEA		Form 9		

Form 990-EZ (2011) SAWNEE MOUNTAIN KENNEL CLUB OF GEORGIA

91-1997228 Page 4

#### **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.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

SAW	NEE	MOUNTAIN KENN	EL CLUB OF G	EORGIA					91-1	997228			
Pa	rt I	Reason for	<b>Public Charity</b>	Status (All organiza	ations mus	t complete	this part)	See instr	uctions				
The	orgai	nization is not a privat	te foundation beca	use it is (For lines 1 thr	ough 11, c	heck only	one box )						
1	Ò	A church, convention	n of churches, or a	ssociation of churches	described i	n section	170(b)(1)(	A)(i).					
2	$\bar{\sqcap}$	A school described i	n section 170(b)(	1)(A)(ii). (Attach Schedu	ıle E.)								
3	ī	A hospital or a coope	erative hospital se	rvice organization descr	ibed in sec	tion 170(b	)(1)(A)(iii)	).					
4	П	A medical research	organization opera	ited in conjunction with a	a hospital c	lescribed ii	section	170(b)(1)(	A)(iii). Ent	ter the hos	pital's n	ame,	
	_	city, and state		·	·								
5	$\Box$	· · · · · · · · · · · · · · · · · · ·	rated for the benef	it of a college or univers	ity owned	or operated	d by a gov	ernmental	unit desci	ribed in			
	_	section 170(b)(1)(A)		-	•	·							
6	П			r governmental unit des	cribed in s	ection 170	(b)(1)(A)(v	/).					
7	$\exists$		=	a substantial part of its					the gener	al public			
		described in section	•		• •	•							
8				n 170(b)(1)(A)(vi). (Com	nplete Part	II )							
9	$\overline{\mathbf{X}}$			(1) more than 33 1/3%			ontribution	s, membe	rship fees	, and gross	s		
	4.5			empt functions - subject									
				and unrelated business									
				e 30, 1975 See section									
10				ed exclusively to test for				(a)(4).					
11	Ħ			ed exclusively for the bei					carry out th	ne			
				orted organizations des									
				s the type of supporting									
		a Type I	b 🗌 Тур	ell c	Type III	-Functiona	lly integrat	ed	d	Type I	II-Other		
е		By checking this box	, I certify that the	organization is not contr	olled direc	tly or indire	ctly by on	e or more	disqualifie	d			
		persons other than f	oundation manage	ers and other than one o	r more put	olicly suppo	orted organ	nizations o	described i	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written d	etermination from the IR	RS that it is	a Type I, 1	Type II, or	Type III su	pporting				
		organization, check	this box										□
g		Since August 17, 20	06, has the organi	zation accepted any gift	or contrib	ution from	any of the						
		following persons?											,
				controls, either alone o								Yes	No
				y of the supported orgar							11g(ı)	<u> </u>	ļ
		(ii) A family member	er of a person des	cribed in (i) above?							11g(II)	↓	
		(iii) A 35% controlle	ed entity of a perso	on described in (i) or (ii)	above? .						11g(III)		<u> </u>
h		Provide the following	ınformatıon abou	t the supported organiza	ation(s)		,		<b>,</b>		,		
	(ı) N	lame of supported	(u) EIN	(ui) Type of organization	(rv) Is the c		(v) Did yo	-	(vi) organizati	Is the		Amount support	of
		organization		(described on lines 1-9 above or IRC section	governing of	sted in your document?	the organi col (i)		(i) organiz	ed in the		арроп	
				(see instructions) )			sup	port?	U	S ?	1		
					Yes	No	Yes	No	Yes	No			
(A)			i								1		
										1			
(B)										!			
				ļ	1				ļ	-			
(C)							1						
									<u> </u>		ļ		
(D)													
						ļ		<b></b>			-		
(E)													
									ļ		ļ		
				٤,	1 ' '	**							
Tota	31		1	1	I	i .	I	I	1	i	I		

18

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked the			-	•	er	
200	Part III If the organization fails to	quality under the t	tests listed below,	please complete P	art III )		
	tion A. Public Support	(=) 2007	(b) 2009	(c) 2009	(4) 2010	(2) 2011	(f) Total
aler	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(6) 2009	(d) 2010	(e) 2011	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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	V4 #.	25	200		. 1	
	shown on line 11, column (f)		,	19	, '		
6	Public support. Subtract line 5 from In 4						
	tion B. Total Support	4					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						<del></del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .						
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	e <u></u>	<u></u>				▶□
	tion C. Computation of Public Su Public support percentage for 2011 (line 6					14	%
14						15	%
15	Public support percentage from 2010 School 33 1/3% support test - 2011. If the organi					L	
16a							▶□
	and stop here. The organization qualifies 33 1/3% support test - 2010. If the organi						• • • • • • •
b	* *						▶□
	box and stop here. The organization qual						
7a	10%-facts-and-circumstances test - 201						
	more, and if the organization meets the "fa			-			▶□
b	organization meets the "facts-and-circums 10%-facts-and-circumstances test - 201	IO. If the organizati	on did not check a	a box on line 13, 16	Sa, 16b, or 17a, an	d line 15 is 10% or	· · · · · —
	more, and if the organization meets the "fa organization meets the "facts-and-circums						▶□

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

Partill Support

#### 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)

Sec	ction A. Public Support						
	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,526	2,888	1,606	1,088		8,108
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	104,968	111,012	135,837	131,145		482,962
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	107,494	113,900	137,443	132,233		491,070
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						491,070
$\overline{}$	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total 491,070
9	Amounts from line 6	107,494	113,900	137,443	132,233		491,070
iva	payments received on securities loans, rents, royalties and income from similar sources	280	112	4	15		411
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	280	112	4	15		411
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)	107,774	114,012	137,447	132,248		491,481
	First five years. If the Form 990 is for the or organization, check this box and stop here			th, or fifth tax year	as a section 501(	c)(3)	▶□
Se	ction C. Computation of Public Su					r	
15	Public support percentage for 2011 (line 8, c		-			15	99.92 %
16	Public support percentage from 2010 Sched				• • • • • • • •	16	99.86 %
	ction D. Computation of Investmer					1 2 7	0.09 0/
17	Investment income percentage for 2011 (line		-			17	0.08 %
18	Investment income percentage from 2010 S					18	%
	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2010. If the organiz	and stop here. T	he organization qu	alifies as a publicl	ly supported organ	ization	▶⊠
J	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pu	iblicly supported o	rganization	▶ □
20	Private foundation. If the organization did r	not check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ 🔲

#### **SCHEDULE C** (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service

► See separate instructions. Inspection If the organization answered "Yes." to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nam	e of organization			' '	identification number
SA	WNEE MOUNTAIN KENNEL CLUB OF			91-199	·
Pa		zation is exempt under sec			nization.
1	Provide a description of the organization	s direct and indirect political campa	ign activities in Part	IV	
2	Political expenditures			▶ s	
3	Volunteer hours				
		<u>-</u>			
Pa	rt I-B Complete if the organi	zation is exempt under sec	tion 501(c)(3).		
1	Enter the amount of any excise tax incur	red by the organization under sectio	n 4955	• \$ <u> </u>	
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495				
4a	Was a correction made?			• • • • • • • • • • • • •	. Yes No
b	If "Yes," describe in Part IV				
Pa		zation is exempt under sec		cept section 501(c)(3	<u>).                                    </u>
1	Enter the amount directly expended by the				
	activities				
2	Enter the amount of the filing organization			<b>.</b> .	
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add			<b>.</b> .	
	line 17b			· · · · · · · · · · · · · · · · · · ·	
4	Did the filing organization file Form 1120	0-POL for this year?			. Yes No
5	Enter the names, addresses and employ	er identification number (EIN) of all	section 527 political	organizations to which the	filing
	organization made payments For each of				
	the amount of political contributions rece				
	as a separate segregated fund or a politi	cal action committee (PAC). If addit	ional space is neede	ed, provide information in P	an IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)				<u> </u>	
(5)					
(6)					

Pe	Complete if the organization	is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
_	section 501(h)).					
Α	Check ▶ ☐ If the filing organization belongs to a				member's	
	name, address, EIN, expenses, and					
<u>B</u>	Check ▶ ☐ If the filing organization checked box		· · · · · · · · · · · · · · · · · · ·	ply	<del> </del>	
	Limits on Lobby				(a) Filing organization's totals	(b) Affiliated
	(The term "expenditures" me	<del></del>			organization's totals	group totals
1a	, , , , , , , , , , , , , , , , , , , ,					
b		-				
C						
d	Carret Grand Property Conference of Conferen					<del></del>
e	(			• • • • • • •		
f	Lobbying nontaxable amount Enter the amount from	om the following	table in both			
	columns	T-22				
	If the amount on line 1e, column (a) or (b) is:	<del> </del>	nontaxable amoun	t is :		
	Not over \$500,000	<del> </del>	nount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000	<del></del>	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				
Q		•				
r						
İ	Subtract line 1f from line 1c If zero or less, enter-					
j	If there is an amount other than zero on either line					
	reporting section 4911 tax for this year?		· · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Yes No
	(Some organizations that m	ade a section 5	eriod Under Sectior 01(h) election do no tions for lines 2a th	t have to complet		
	Lobbyir	ng Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	beginning in)	(-,	, , ,	` ,	',	
2a	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))					
				<u> </u>		. ,
_	: Total lobbying expenditures					
_	d Grassroots nontaxable amount					
-	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

SAWNEE MOUNTAIN KENNEL CLUB OF GEORGIA

Schedule C (Form 990 or 990-EZ) 2011

91-1997228

Page 2

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led F	orm (	5768		
		(	a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description se lobbying activity	Yes	No	Aı	nount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u>				
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
i	Other activities?	ļ				
j	Total Add lines 1c through 1i				-	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912	l				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\ <u> </u>	<u> </u>	tion		
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), t	) Set		,	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."	R (b) I	Part I	II-A, li	ne 3,	is
1	Dues, assessments and similar amounts from members		1			
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •	1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			4-844		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a	2.24		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		2a 2b			
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c			
2 a b	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b			
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c			
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	•••	2a 2b 2c 3			
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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.

OMB No 1545-0047 2011

Open to Public Employer identification number

SAWNEE MOUNTA	IN KENNEL CLUB OF GEORGIA	91-1997228	
01. Description	on of other revenue (Part I, line 8)		, <u>.</u>
DESCRIPTION	AMOUNT		
MEALS	565		
MISC	(30)		
			· · · · · · · · · · · · · · · · · · ·
02. List of gi	rants and similar amounts paid (Part I, line 10)		
ACTIVITY	HUMANE SOCIETY		
GRANTEE	HUMANE LEAGUE OF LAKE LANIER		
ADDRESS	P O BOX 3322		···
	CUMMING GA 30028		
RELATIONSHIP	NONE		
ACTIVITY	ANIMAL CARE		
GRANTEE	GA CANINE COALITION		
ADDRESS	BOX 244 6300 POWERS FERRY RD STE600		
	ATLANTA GA 30339		
RELATIONSHIP	NONE		
TUDOMA	200		
ACTIVITY	ANINMAL RESCUE		
GRANTEE	CARDIGAN WELSH CORGI NAT RESCUE FD		
ADDRESS	2236 WARSON RD		
	SPRINGFIELD IL 62704		
RELATIONSHIP	NONE		

Name of the organization	3 - 1 ( 3 )	Employer identification number
SAWNEE MOUNTAI	N KENNEL CLUB OF GEORGIA	91-1997228
ACTIVITY	HUMANE SOCIETY	
GRANTEE	DAWSON CO HUMANE SOCIETY	
ADDRESS	P O BOX 360	
	DAWSONVILLE GA 30534	
RELATIONSHIP	NONE	
AMOUNT	200	
ACTIVITY	CANINE ASSISTANCE	
GRANTEE	NAIA	
ADDRESS	P O BOX 66579	
	PORTLAND OR 97290	
RELATIONSHIP	NONE	
AMOUNT	400	
ACTIVITY	CANINE HEALTH FOUNDATION	
GRANTEE	AKC CHF	
ADDRESS	P O BOX 37941	
	RALEIGH NC 27627	
RELATIONSHIP	NONE	
AMOUNT	1,000	
ACTIVITY	VETERINARIAN ASSISTANCE	
CDANWEE	NCA TEMEDINARY COURS	
GRANTEE	UGA VETERINARY SCHOOL	<del></del>
ADDRESS	394 S MILLEDGE AVE	
	ATTURNS CA 30601	
	ATHENS GA 30601	······································
RELATIONSHIP	NONE	
AMOUNT	1 000	
AMOUNT	1,000	

Name of the organization		Employer Identification number			
SAWNEE MOUNTAIN KENNEL CLUB OF GEORGIA		91-1997228			
ACTIVITY	ANIMAL ASSISTANCE				
GRANTEE	SUNDOWN-UGA				
ADDRESS	394 S MILLEDGE AVE STE 100				
	ATHENS GA 30601				
RELATIONSHIP	NONE	,			
AMOUNT	300				
ACTIVI TY	ASSISTANCE FOR HANDLERS OF DOGS				
GRANTEE	TAKE THE LEAD				
ADDRESS	P O BOX 6353				
	WATERTOWN NY 13601				
RELATIONSHIP	NONE				
AMOUNT	500				
ACTIVITY	CANINE RESUCE				
GRANTEE	STCA RESCUE TRUST				
ADDRESS	21821 GLENDALOUGH RD				
	GAITHERSBURG MD 20882				
RELATIONSHIP	NONE				
ACTIVITY	CANINE RESCUE				
GRANTEE	SSCA RESCUE				
ADDRESS	5409 WYANDOTTE ST.				
	KANSAS CITY MO 64112				
AMOUNT	200				

Schedule O (Form 990 Name of the organizati		Page 2 Employer identification number
SAWNEE MOUNTAIN KENNEL CLUB OF GEORGIA		91-1997228
ACTIVITY	CANINE RESCUE	
GRANTEE	POODLE CLUB OF AMERICAN FOUNDATION	
ADDRESS	5989 SIERRA MEDINA AVE	
	LAS VEGAS NV 89139	
AMOUNT	200	
ACTIVITY	CANINE RESCUE	
GRANTEE	ASSA FOUNDATION	
ADDRESS	500 MILLSTONE ROAD	
	CHESAPEAKE VA 23322	
AMOUNT	200	
ACTIVITY	SCHOLARSHIP	
GRANTEE	SEQUOYAH TOUCHDOWN CLUB	
ADDRESS	P O BOX 4253	
	CANTON GA 30114	
AMOUNT	200	
ACTIVITY	POLICE DOG DONATION	
GRANTEE	DAWSON CO POLICE DEPT	
ADDRESS	нwy 53	
	DAWSONVILLE GA 30534	
AMOUNT	645	<del> </del>
	201747 204 20447	
ACTIVITY	POLICE DOG DONATION	· · · · · · · · · · · · · · · · · · ·
GRANTEE	LUMPKIN COUNTY POLICE DEPT	

ADDRESS

HWY 9

	0 or 990-EZ) (2011)	Employer identification number
SAWNEE MOUN	NTAIN KENNEL CLUB OF GEORGIA	91-1997228
	DAHLONEGA GA 30533	
	DAILDONLON ON DOODS	·
TNUOMA	964	
ACTIVITY	POLICE DOG DONATION	
GRANTEE	OAKWOOD POLICE DEPT	
ADDRESS	MCEVER ROAD	
	GAINESVILLE GA 30507	
AMOUNT	840	
3. Descrip	otion of other expenses (Part I, line 16)	
03. Descrip		
DESCRIPTION		
DESCRIPTION	N AMOUNT	
DESCRIPTION SHOW, MATCH	AMOUNT H AND CLASS EXPENSES 105,438	
DESCRIPTION SHOW, MATCH AWARDS DUES AND SU	AMOUNT H AND CLASS EXPENSES 105,438  1,105  DBSCRIPTION 85	
DESCRIPTION SHOW, MATCH WARDS DUES AND SU	AMOUNT H AND CLASS EXPENSES  1,105  UBSCRIPTION  85  FION  301	
DESCRIPTION SHOW, MATCH WARDS DUES AND SU ADMINISTRAT	AMOUNT  H AND CLASS EXPENSES  1,105  DBSCRIPTION  85  FION  301  TE EXPENSE  1,685	
ESCRIPTION SHOW, MATCH WARDS DUES AND SU ADMINISTRAT AKC DELEGAT	AMOUNT  H AND CLASS EXPENSES  1,105  JBSCRIPTION  85  FION  301  TE EXPENSE  1,685	
DESCRIPTION SHOW, MATCH	AMOUNT  H AND CLASS EXPENSES  1,105  DBSCRIPTION  85  FION  301  FE EXPENSE  1,685  PENSES  1,176	
DESCRIPTION SHOW, MATCH AWARDS DUES AND SU ADMINISTRAT AKC DELEGAT MEETING EXP	AMOUNT  H AND CLASS EXPENSES  1,105  UBSCRIPTION  85  FION  301  TE EXPENSE  1,685  PENSES  1,176	
SHOW, MATCH WARDS DUES AND SU ADMINISTRAT ACC DELEGAT MEETING EXE LICENSE WEBSITE	AMOUNT  H AND CLASS EXPENSES  1,105  JBSCRIPTION  85  FION  301  TE EXPENSE  1,685  PENSES  1,176	
DESCRIPTION SHOW, MATCH AWARDS DUES AND SU ADMINISTRAT AKC DELEGAT MEETING EXE	AMOUNT  H AND CLASS EXPENSES  1,105  DBSCRIPTION  85  FION  301  FE EXPENSE  1,685  PENSES  1,176  50  154	
SESCRIPTION SHOW, MATCH WARDS DUES AND SU ADMINISTRAT ACC DELEGAT MEETING EXP LICENSE WEBSITE EDUCATION	AMOUNT  H AND CLASS EXPENSES  105,438  1,105  DBSCRIPTION  85  FION  301  TE EXPENSE  1,685  PENSES  1,176  50  154  1,415	

Schedule O (Form 990 or 990-E2) (2011)				Page 4
Name of the organization			Employer identification number	
SAWNEE MOUNTAIN KENNEL CLUB OF GEORGIA			91-1997228	
CATEGORY	OF YEAR	END OF	YEAR	
ROUNDING	0		2	
ROUNDING				
			<del></del>	
				-
				<del></del>
			<u> </u>	
			-1.11	<del> </del>
. <u></u>				
	<del></del>		<del></del>	

Schedule O (Form 990 or 990-EZ) (2011)

EEA

# 990 **2011** Page 1 **Overflow Statement** FEIN Name(s) as shown on return 91-1997228 SAWNEE MOUNTAIN KENNEL CLUB OF GEORGIA LINE 14 Description RENT Amount 2,964 \$ Total: 2,964