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A For the 2011 calendar year, or tax year beginning 04-01-2011		, and ending 03-31-2012	
B Check if applicable	C Name of organization LONG RUN HOUNDS INC SHAWNA DIETRICH		D Employer identification number 61-1085147
☐ Address change			E Telephone number (502) 722-5131
☐ Name change			
☐ Initial return	Number and street (or P O box, if mail is not delivered to street address) Room/suite 912 WEBB ROAD		
☐ Terminated			
☐ Amended return	City or town, state or country, and ZIP + 4 SIMPSONVILLE, KY 40067		F Group Exemption Number ▶
☐ Application pending			

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

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

I Website: ☒ N/A _____

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 152,325**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	100
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	107,720
	4	Investment income		4	650
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ __of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	43,500	
	c	Less direct expenses from gaming and fundraising events	6c	16,153	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	27,347	
	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 in Schedule O)	8	355		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	136,172		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	30,964	
	13	Professional fees and other payments to independent contractors	13	1,200	
	14	Occupancy, rent, utilities, and maintenance	14	6,762	
	15	Printing, publications, postage, and shipping	15	1,106	
	16	Other expenses (describe in Schedule O)	16	63,411	
	17	Total expenses. Add lines 10 through 16	17	103,443	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,729	
	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	120,227	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	152,956	

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	87,945	22	117,652
23	Land and buildings	33,676	23	36,714
24	Other assets (describe in Schedule O)		24	
25	Total assets	121,621	25	154,366
26	Total liabilities (describe in Schedule O)	1,394	26	1,410
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	120,227	27	152,956

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose?
THE CORPORATION IS ORGANIZED FOR FOX HUNTING, HORSEBACK RIDING, AND SOCIAL PURPOSES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28	THE CORPORATION IS ORGANIZED FOR FOX HUNTING, HORSEBACK RIDING, AND SOCIAL PURPOSES (Grants \$ 0)	If this amount includes foreign grants, check here	☐	28a	0
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 (describe in Schedule O)				
	(Grants \$)	If this amount includes foreign grants, check here	☐	31a	
32	Total program service expenses (add lines 28a through 31a)		☐	32	

Part IV

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

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

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes
b	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	Yes
c	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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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 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	
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	No
41	List the states with which a copy of this return is filed ☐ KY		
42a	The organization's books are in care of ☐ MS SHAWNA DIETRICH Telephone no ☐ (502) 722-5131 912 WEBB ROAD Located at ☐ SIMPSONVILLE, KY ZIP + 4 ☐ 40067		
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)? 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 .	42b	No
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	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	Yes	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2012-07-09 Date			
	SHAWNA DIETRICH TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	BRIAN MOSS CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BOWDEN & WOOD PLLC 332 W BROADWAY SUITE 505 LOUISVILLE, KY 40202			EIN 61-0713437
					Phone no (502) 583-0262

May the IRS discuss this return with the preparer shown above? See instructions	Yes	No
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
LONG RUN HOUNDS INC SHAWNA DIETRICH

Employer identification number
61-1085147

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☒ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>HUNT BALL</u>	<u>HUNTER PACE</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	21,958	10,327	11,215	43,500	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	21,958	10,327	11,215	43,500		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment	13,700	327	2,126	16,153	
	9	Other direct expenses					
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(16,153)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					27,347

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
LONG RUN HOUNDS INC SHAWNA DIETRICH**Employer identification number**

61-1085147

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 404 DIVIDEND INCOME 246 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 650
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION TOBACCO BUYOUT AMOUNT 355
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE AMOUNT 6,607 DESCRIPTION PAYROLL TAXES AMOUNT 1,513 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 535 DESCRIPTION FEED & SUPPLIES AMOUNT 18,564 DESCRIPTION DEPRECIATION AMOUNT 1,695 DESCRIPTION REPAIRS & MAINTANENCE AMOUNT 11,273 DESCRIPTION PROPERTY TAXES AMOUNT 904 DESCRIPTION ASSOCIATION FEES AMOUNT 1,160 DESCRIPTION VETERINARY AND MACHINE AMOUNT 9,264 DESCRIPTION TRAINING AMOUNT 70 DESCRIPTION BANK CHARGES AMOUNT 2,529 DESCRIPTION ADMINISTRATION EXPENSE AMOUNT 2,728 DESCRIPTION CHRISTMAS AMOUNT 2,758 DESCRIPTION PICNIC AMOUNT 3,811 TOTAL TO FORM 990-EZ, LINE 16 63,411
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 1,394 END OF YEAR AMOUNT 1,410

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: LONG RUN HOUNDS INC SHAWNA DIETRICH

EIN: 61-1085147

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 61-1085147

Name: LONG RUN HOUNDS INC SHAWNA DIETRICH

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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
MR EDWARD S BONNIE 4701 SOUTH HIGHWAY 1694 PROSPECT,KY 40056	PRESIDENT AND DIRECTOR 0 00	0	0	0
MRS ANETTE ADAMS 6810 WINDHAM ROAD PROSPECT,KY 40056	SECRETARY 0 00	0	0	0
MRS SHAWNA DIETRICH 912 WEBB ROAD SIMPSONVILLE,KY 40067	TREASURER 0 00	0	0	0
MR ALF CALDWELL 4229 DANA ROAD CRESTWOOD,KY 40014	VICE-PRESIDENT & DIRECTOR 0 00	0	0	0
MR DINWIDDIE LAMPTON 4018 HALLS HILL ROAD CRESTWOOD,KY 40014	VICE-PRESIDENT & DIRECTOR 0 00	0	0	0
MRS SALLY MCLAUGHLIN 2455 WEBB ROAD SIMPSONVILLE,KY 40067	DIRECTOR 0 00	0	0	0
MR JOHN EGAN 6315 ORGAN CREEK ROAD PENDLETON,KY 40055	DIRECTOR 0 00	0	0	0
MR WALTER HERD 1003 HOLAN PIKE SIMPSONVILLE,KY 40067	DIRECTOR 0 00	0	0	0
MRS LISA EIFLER 2212 WYNNEWOOD CIRCLE LOUISVILLE,KY 40222	DIRECTOR 0 00	0	0	0
MRS MADOLYN MILLS WEBB ROAD SIMPONVILLE,KY 40067	DIRECTOR 0 00	0	0	0
MS COLLEEN WALKER 11741 PARAMONT WAY PROSPECT,KY 40059	DIRECTOR 0 00	0	0	0