

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**990-EZ** 

#### 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)

2012

OMB No 1545-1150

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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending B Check if applicable C Name of organization D Employer identification number Address change LINN COUNTY KENNEL CLUB 93-0868219 Name change Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 503-378-1939 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending ALBANY OR 97321 H Check ► If the organization is not G Accounting Method: Other (specify) ▶ Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 K Check F 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I.  $\square$ 1 0 2 Program service revenue including government fees and contracts 2 107,1<u>96</u> 3 3 570 Investment income . . . 437 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . . . . 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . . . . . . . . . . . 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the 200 sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c 7c 0 R Other revenue (describe in Schedule O) . . . . . 8 0 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 108,203 10 Grants and similar amounts paid (list in Schedule O) 10 10,675 11 Benefits paid to or for members . . . . . 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 13 0 APR. 1. 2. 2013 14 14 0 15 Printing, publications, postage, and shipping . 15 0 16 Other expenses (describe in Schedule O) 16 99,423 17 Total expenses. Add lines 10 through 16 17 110,098 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 -1,895 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 67,570 ž Other changes in net assets or fund balances (explain in Schedule O) . 20 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21

65,675 Form **990-EZ** (2012)

Par	t II	Balance Sheets (see the instructions for	or Part II)					
		Check if the organization used Schedule	O to respond to an	y question in this	Part II		<u></u>	
					(A) Beginning of year	L.	(B) End of year	
22	Cash,	savings, and investments		[	67,570	22	65,675	
23		and buildings				23	0	
24	Other	assets (describe in Schedule O)				24	0	
25		assets		[	67,570	25	65,675	
26					0		0	
27		ssets or fund balances (line 27 of column			67,570	27	65,675	
Part	3111	Statement of Program Service Accomp	<b>plishments</b> (see th	e instructions for l	Part III)	1	Expenses	
_		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗸	∫ (Re	quired for section	
What	t is the c	organization's primary exempt purpose?	SEE STATEMENT SO	HEDULE O		501	(c)(3) and 501(c)(4)	
as m	neasured ons ben	organization's program service accomplis d by expenses. In a clear and concise me fitted, and other relevant information for ea	anner, describe the ch program title.	services provided	d, the number of	494	anizations and section 17(a)(1) trusts, optional others)	
28		D TWO AMERICAN KENNEL CLUB SANCTION		~	SHOWS			
	AND OF	BEDIENCE RALLY TRIALS. AVERAGE ENTRIE	S OF 1,700 DOGS A	ND EXHIBITORS		ŀ		
	(Grants		includes foreign gra			28	84,438	
29	PROVID	E OBEDIENCE AND CONFORMATION HAND!	ING CLASSES OPE	N TO MEMBERS OF	COMMUNITY			
	TO FUR	THER AWARENESS OF DOG WELFARE AND	SAFETY. A FULL 8 V	VEEK SESSION WA	S PROVIDED AT	1	1	
	NO COS	ST FOR ANY DOG ADOPTED THROUGH LINN	COUNTY DOG CONT	ROL \$750 IN DONA	TED SERVICES			
	(Grants	\$ ) If this amount	ıncludes foreign gra	ints, check here .	<u> ▶ □</u>	29	a 8,865	
30	CASH S	SUPPORT TO LOCAL CHARITIES THAT PROV	IDE SERVICES TO A	NIMALS AND ANIMA	L CARE			
	<b>EDUCA</b>	DUCATION - SEE SCHEDULE O FOR PAGE 1, LINE 10 DETAIL						
	(Grants	) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30	a 10,675	
31	Other p	program services (describe in Schedule O)						
	(Grants	\$\$ ) If this amount	includes foreign gra	ints, check here .	▶ □_	31	a 0	
32	Total p	rogram service expenses (add lines 28a t	hrough 31a)		<b>&gt;</b>	32	103,978	
Par	t IV	List of Officers, Directors, Trustees, and Key	Employees List eac	h one even if not con	pensated (see the II	nstru	ctions for Part IV)	
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆	
_		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	benefit plans, and	·   ·	e) Estimated amount of other compensation	
MAR	GE NEL	SON-PEREZ	PRESIDENT					
PO B	OX 2898	8, ALBANY OR 97321	5					
	ORES BE		VICE-PRESIDENT					
		3, ALBANY OR 97321	2					
	E SHEA		CECDETADY					
PO B	OX 2898	3, ALBANY OR 97321	SECRETARY 3					
	WILDMA	· · · · · · · · · · · · · · · · · · ·	TDEACHDED					
		3, ALBANY OR 97321	TREASURER	•				
	BELDE		DIDECTOR			1		
		3, ALBANY OR 97321	DIRECTOR					
	WILEY	, , , , , , , , , , , , , , , , , , , ,			-			
				B.	· ·			
	OX 2898	 В ALBANY OR 97321	DIRECTOR					
KΔT		3, ALBANY OR 97321	1					
	HY FEEN	IEY	DIRECTOR DIRECTOR					
	HY FEEN	<del></del>	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					
	HY FEEN	IEY	1					

Part	( a see a	s in th	е	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V .	
00			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		1
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		1
35a	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		
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		<b>-</b>
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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	] .		
<b>a</b>	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 ▶ ; section 4912 ▶ ; section 4955 ▶	y (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 the prior Forms 2000 at 2000 FZO M (Voc.).			
	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	3	ŧ	
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		
41	List the states with which a copy of this return is filed ▶			
<b>42</b> a	The organization's books are in care of ▶ PAT WILDMAN Telephone no ▶	503-37	8-1939	9
	Located at ► 144 HYLO RD SE SALEM OR ZIP + 4 ►	973		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>✓</b>
	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.	;.	*	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		. 1	<b>▶</b> □
			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		<b>/</b>
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		<b>√</b>
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	4	,	
	Form 990-EZ (see instructions)	45b		<b>\</b>

Form 99	0-EZ (2012)						P	age 4
							Yes	No
46	Did the organization engage, directly or i	ndirectly, in political ca	ampaign activities oi	n behalf of or in	n opposition			<u> </u>
	to candidates for public office? If "Yes,"					46	•	1
Part						10	L	
. uit	All section 501(c)(3) organization		stions 47–49h and	52 and com	nlete the to	ables f	ar line	<b>6</b> 5
	50 and 51	is must answer que	Stions 47 450 and	oz, and com	piete the te	abics it	) III I	53
			ta anu munatum in	Abia Dard VII				_
	Check if the organization used Sc	nequie O to respond	to any question in	this Part VI	<del></del>	• • •		
			504#\\ 1				Yes	No
47	Did the organization engage in lobbying		• • •		iring the tax			
	year? If "Yes," complete Schedule C, Pa					47		<u> </u>
48	Is the organization a school as described					48		
49a	Did the organization make any transfers			izatıon?		49a		
b	If "Yes," was the related organization a s					49b		
50	Complete this table for the organization'							
	employees) who each received more tha	n \$100,000 of comper	nsation from the orga	anization. If the	re is none, e	nter "N	lone."	,
		(b) Average	(c) Reportable	(d) Health b				
	(a) Name and title of each employee paid more than \$100,000	hours per week	compensation	contributions to benefit plans, ar		Estimate other com		
	pare more dian everyone	devoted to position	(Forms W-2/1099-MISC	compens		Julio 0011	.ponsu	
			<u> </u>	1				
		1						
			<del> </del>	+	<del></del> -			
		1						
		<del> </del>	<del> </del>	<del>-</del>				
	<del></del>			<del> </del>				
				}				
				<del> </del>				
51	Total number of other employees paid o Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp	ensated independen	nt contractors	who each re	eceived	more	e thar
(a)	Name and address of each independent contractor p	paid more than \$100,000	(b) Type of se	ervice	(c) Co	mpensat	ion	
			_					
				ĺ				
	. — —							
d	Total number of other independent cont	ractors each receiving	over \$100,000 .	. •				
52	Did the organization complete Schedule	A? Note: All section 5	501(c)(3) organizatior	ns and 4947(a)	(1)			
	nonexempt charitable trusts must attach				▶	☐ Yes		No
	penalties of perjury, I declare that I have examined this					ledge an	d belief	f, it is
	prrect, and complete Declaration of preparer (other th					-		
	Kind to a	moha		- 3	7-5-1	<del>&gt;</del>	_	
Sign	Signature of officer			Date		<del></del>		
Here	Pat Wildm	dn Tr	reasurer	~				
	Type or print name and title	<del></del>	TOWIT		<del>-</del>	_		
Dai:	Print/Type preparer's name	Preparer's signature		Date	a	PTIN		
Paid					Check L if self-employed	ا،		
-	Only Firm's name	<del></del>	<del></del> +		s EIN ►	ــــــــــــــــــــــــــــــــــــــ		
use	Only Firm's name Firm's address F	<del></del>						
Mav	the IRS discuss this return with the prepar	er shown above? See	instructions	Phon	e 110	☐ Ye		No
	me me and propagation of the pro	J. 10 1111 above: Dee					ש כ	INU

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

#### Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

LINN COUNTY KENNEL CLUB 93-0868219 PAGE 1. LINE 10 GRANTS AND SIMILAR AMOUNTS PAID: 675 500 ALBANY K-9 LINN COUNTY SHERIFF K-9 UNIT 500 NATIONAL ANIMAL INTEREST ALLIANCE 2,000 6,000 PROJECT POOCH 1,000 TOTAL 10,675 PAGE 1. LINE 16 OTHER EXPENSES AKC SHOW EXPENSES 84,438 OBEDIENCE AND HANDLING CLASSES 8,865 INSURANCE 1,938 HOSPITALITY 1,210 STORAGE AND MEETING RENTAL 2,310 OFFICE EXPENSES 662 TOTAL 99,423 TO ADVANCE ALL BREEDS OF PUREBRED DOGS BY HELPING OWNERS TO PROPERLY TRAIN THEIR DOGS AND PREPARE THEIR DOGS FOR ALL TYPES OF COMPETITION.

## LCKC 2012 Form 990-EZ Workpaper January through December 2012

		Classes and			
INCOME	AKC Event	Education	Donations	Club Admin	Total
2012 Agility Match	240				240
2012 Catalog Ad	50				50
2012 Catalog Sales	2,280				2,280
2012 Day Parking	12,746	ľ			12,746
2012 Entries	48,029				48,029
2012 Grooming	14,534				14,534
2012 RV Parking	13,730				13,730
2012 Trophies	10				10
2012 Vendors	6,520			ļ	6,520
2013 Trophy Donations	425	ļ			425
Trophy Donations	175			ĺ	175
Conformation Income		4,807			4,807
Obedience Classes		2,480			2,480
Pet Day		(25)			(25)
Rally Class Income		1,195			1,195
Christmas Dınner Reim.				170	170
Dues				400	400
Income Before Interest:	98,739	8,457	-	570	107,766
Interest Inc				437	437
TOTAL INCOME	98,739	8,457	-	1,007	108,203

		Classes and			
EXPENSES	AKC EVENT	Education	Donations	Club Admin	Total
Donations 2011 Show	550				550
2011 Show Conf. Steward	120		i		120
2011 Show Donatiion	50				50
2012 Agility Expense	61				61
2012 Announcer(LCKC Expense)	360				360
2012 Awards	2,454				2,454
2012 Awards Juniors	398				398
2012 Conf. Judge Exp.	4,433				4,433
2012 Conf. Judge Fee	7,523				7,523
2012 Conf. Ring Steward	1,320				1,320
2012 Decorations	248				248
2012 EMT	500			'	500
2012 Hospitality	338				338
2012 McKenz. Dog Fanciers	25,469				25,469
2012 Obed. Judge Exp.	544				544
2012 Obed. Judge Fee	475				475
2012 Obed. Ring Seward	720				720
2012 Office Expense	76			1	76
2012 Rally Ring Steward	900				900
2012 RV Parking Organizer	1,250				1,250
2012 Show Dining	3,559				3,559

# LCKC 2012 Form 990-EZ Workpaper

January :	through	December	2012
-----------	---------	----------	------

Net Income	14,301	(408)	(10,675)	(5,114)	(1,896)	6,121
TOTAL EXPENSES	84,438	8,865	10,675	6,121	110,098	
Insurance				1,938	1,938	1,938
Storage Rental	<b></b>			2,260	2,260	2,310
Location Rental For Meeting				50	50	
Supplies				162	162	662
Post Office Box Rent				100	100	
Plaques	1			20	20	
Oreg. Corp. Fees				50	50	
Office Supplies				331	331	
Sunshine Committee			_	516	516	1,210
Speaker's meal	]			21	21	
Christmas Dınner				673	673	
Donations			10,675		10,675	
Obedience Instructor		2,400	<u>'</u>		2,400	
Conformation Site Rental		2,025			2,025	
Conformation Set Up	1	1,800			1,800	•
Conformation Instructor		2,640			2,640	!
Vendor Reimbursement	230				230	
Conformation Judge Fee	48				48	
2013 Show Site Rental	8,173				8,173	
2013 AKC Show Fees	700				700	
2012 Supplies	189				189	
2012 Show Veterinarian	599				599	
2012 Show Site Rental	19,038				19,038	
2012 Show Office Expense	168				168	
2012 Show Judges Gifts	100				100	
2012 Show Donation (Parking/etc)	3,845		!		3,845	

Number of

\$ Class Dogs Total

Dog Control Classes (Non Cash)

10

75

750

Net Assets:	12/31/2011	12/31/2012	Change
Checking	14,555	12,223	(2,332)
Savings*Not in Quicken	5	5	-
Certificate 64360	50,909	51,345	436
Certificate 70731	-	-	-
Red Canoe	2,101	2,102	_ 1
Total Net Assets:	67,570	65,675	(1,896)

Income to Cash Proof:

#### 1/1/2012 through 12/31/2012

Date	Num Description	Memo	Clr	Amount	
				•	
02/16/12	1919 Linn County Fairgrounds	4-H Space January	R	(118.75)	
04/05/12	2019 Linn County Fairgrounds	Feb. for 4-H	R	(112.50)	
05/17/12	2030 Linn County Fairgrounds	4-H	R	(56.25)	
05/17/12	2031 Linn County Fairgrounds	4-H	R	(87.50)	
07/18/12	2053 Linn County Fairgrounds	4-H	R	(93.75)	
09/09/12	2058 Linn County Fairgrounds		R	(75.00)	
11/08/12	2072 Linn County Fairgrounds	4-H	R	(75.00)	
12/31/12	2083 Linn County Fairgrounds	4-H	R	(56.25)	•
					(675.00)
06/08/12	2040 Albany K-9 Unit		R	(500.00)	
06/08/12	2041 Linn County Sheriff K-9 Unit		R	(500.00)	
					(1,000.00)
06/08/12	2042 NAIA		R	(2,000.00)	
04/11/12	2022 OSU Foundation	3 college scholarships to vet school	R	(6,000.00)	
06/08/12	2043 Project Pooch		R	(1,000.00)	
1/1/2012 -	12/31/2012			(10,675.00)	(1,675.00)