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50m 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

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

OMB No. 1545-1150

2012

Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.												
	A F	or the	2012 calenda	ar year, or tax year beginning	October	, 2012, and ending	Sep	tembe	r 30 ,	20 13		
	B c	heck If ap	plicable	C Name of organization			D Empl	oyer id	entification nu	mber		
		Address c	hange	Land O'Lakes Kennel Club				41090 1002				
	י 📃	Name cha	nge	Number and street (or P O box, if mail	is not delivered to street address)	Room/suite	E Telep	E Telephone number				
	_	nıtıal retu		1043 - 121st Lane NE			ł	763-755-5742				
	=	rerminate		City or town, state or country, and ZIP	+ 4	<u> </u>	F Grou					
	=	Amended						•	•			
!			n pending	Blaine, MN 55434-3953 Cash Accrual Other	(00006)	Ti		Number ▶				
			ing Method:	Cash Cachai Other	(specify) >	n		heck F I if the organization is not equired to attach Schedule B				
						0-EZ, or 990-						
		heck •		e organization is not a section 509(a								
			· ·	0. A Form 990-EZ or Form 990 retu	•	990-N (e-postcard) m	ay be req	uired (see instructio	ns) But if		
		_		ses to file a return, be sure to file a	·							
				b, to line 9 to determine gross receip	= -	or more, or if total asset	ts (Part II,					
	_			w) are \$500,000 or more, file Form 99				▶ \$		106,254		
	Pa	art I		e, Expenses, and Changes								
			Check if	the organization used Sched	ule O to respond to any qu	uestion in this Part	<u> </u>		<u> </u>	🗹		
		1	Contribution	ons, gifts, grants, and similar an	nounts received			1		0		
		2	Program se	ervice revenue including goverr	ment fees and contracts			2		0		
		3	Membersh	ip dues and assessments				3		60		
		4	Investment	:income				4		1		
		5a	Gross amo	ount from sale of assets other the	nan inventory	5a	o	-				
		Ь	Less: cost	or other basis and sales expen	ses	5b	0					
		ြင		ss) from sale of assets other that		b from line 5a)		5c		0		
		6		d fundraising events								
		a	_	ome from gaming (attach S	chedule G if greater tha	n		- 1				
#A	e	-				6a	0	1				
SCANNED	Revenue	ь	Gross inco	me from fundraising events (no	t including \$	of contributio	ne U	£ '				
>	é			aising events reported on line			113	- 1				
Z	Œ			ch gross income and contribution		6b	400 400	3.				
Z		_ ا		=	•	6c	106,193	C 5 5				
Щ		d		t expenses from gaming and fur e or (loss) from gaming and fur			106,518	35				
_		"	line 6c) .	s or (loss) from gaining and it	indiaising events (add line	s oa anu ob anu su	ibliact					
MAR			•					6d		(325)		
		7a		s of inventory, less returns and		7a	0	٠.				
(2)		b		3			0	'				
4		C		it or (loss) from sales of invento		-		7c		0		
2		8		nue (describe in Schedule O).				8		. 0		
2014		9	_	nue. Add lines 1, 2, 3, 4, 5c, 6c		 	<u> </u>	9		(264)		
-,		10	Grants and	l similar amounts paid (list in Sc	chedule O)	DECEIVER	` \	10				
		11	Benefits pa	aid to or for members		KEUL!		11				
	ės	12	Salaries, O	mer compensation, and employ	yee benefits \ .		,	12				
	Su.	13	Profession	al fees and other payments to i	ndependent contractors .		´	: 13				
	Expenses	14		y, rent, utilities, and maintenand				14				
	Ш	15		ublications, postage, and shipp				15				
		16		enses (describe in Schedule O)				16		7,164		
		17		enses. Add lines 10 through 16				17		7,164		
	ý	18	Excess or ((deficit) for the year (Subtract lii	ne 17 from line 9)			18	-	(7,428)		
	set	19	Net assets	or fund balances at beginning	g of year (from line 27, col	umn (A)) (must agre	e with					
	Asi			r figure reported on prior year's				19				
	Net Assets	20		nges in net assets or fund balar				20				
	Ź	21		or fund balances at end of year				21		(7,428)		
										1.1720)		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2012)

		١.
Form	990-EZ	(2012)

Page 2

Pai	rt II	Balance Sheets (see the instructions	•	-			
		Check if the organization used Schedu	le O to respond to a	ny question in this			<u> </u>
					(A) Beginning of year	-	(B) End of year
22		, savings, and investments			12,609		
23		and buildings				23	
24		l assets				24	
25 26		l liabilities (describe in Schedule O)			12,609	26	
26 27		assets or fund balances (line 27 of colum			12,609		
Par		Statement of Program Service Accor				21	5,181
T CIT		Check if the organization used Schedu			•	_	Expenses
Wha	t is the	organization's primary exempt purpose?	<u> </u>	ily quodadit iii aiia	,,		equired for section 11(c)(3) and 501(c)(4)
		e organization's program service accomp		of ita throa largest	program conucco	org	ganizations and section
as m	neasure	d by expenses. In a clear and concise refited, and other relevant information for	manner, describe the				147(a)(1) trusts; optional r others)
28	Dog St	ow - educational/social event - required by	the American Kennel c	lub. Dogs compete	for		
		ionship points and legs towards obedience			tion about		
		sible dog ownership. Free booth space give					
	(Grants	s\$) If this amou	nt includes foreign gra	ants, check here	<u> </u>	28	Ba 106,193
29							
	(0						
30	(Grants					29	'a
30							
	(Grants	s \$) If this amou	nt includes foreign gra			30)a
31		program services (describe in Schedule C					
	(Grant	•	nt includes foreign gra			31	a
32		program service expenses (add lines 28				32	
	t IV	List of Officers, Directors, Trustees, and K				ıstru	ictions for Part IV)
		Check if the organization used Schedu	le O to respond to a	ny question in this	Part IV		🗀
			(b) Average	(c) Reportable compensation	(d) Health benefits,		a) Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS		yee (e) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-	deferred compensation	on	
Caro	l Lange	r					
<u>1127</u>	Karyl P	lace Roseville, MN	President	-	0-	0-	-0-
Patri	cia Hold	lren				- {	
<u>1927</u>	E Cope	Ave St Paul, MN	Vice President	-	0-	.0-	-0-
	t Hofer						
		enette Drive White Bear Lake, MN	Secretary	-	<u> </u>	-0-	-0-
	e Croft			-			_
1043	- 121st	Lane NE Blaine, MN	Treasurer	<u>-</u>	D-	-0-	-0-
			·				
This	ic c cor	- Notely voluntacy organization			 	+	
		npletely volunteer organization. re members of the board.	··				
All U	iliceis a	Te members of the board.				+	
						\forall	

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]	1		- 1	

Part				
	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	163	\ \sqrt{\sqrt{\sqrt{\color{100}{10
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		√
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		1
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	 	-
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		✓
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		✓
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	ļ'	✓
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?	00-		,
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	\vdash	✓
ь 39	Section 501(c)(7) organizations. Enter:	1		l
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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	40ь		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		1
41	List the states with which a copy of this return is filed ▶ n/a			
42a		763-75		
	Located at ► 1043 • 121st Lane NE Blaine, MN ZIP + 4 ►	55434	1-3953	
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	Yes	No
	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.	ł		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
			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		1
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		✓
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	_	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
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		/

Form 99	10-EZ (20	12)								P	age 4	
										Yes	No	
46	Did th	e organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or i	n opposit	ion [
	to car	ndidates for public office? If "Yes," c	omplete Schedule C,	Part I				. {	46		✓_	
Part '	VI :	Section 501(c)(3) organizations	only									
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	d 52, and	d com	plete the	e tabl	les fo	r line	es	
		50 and 51	·				•					
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					П	
	•			<u></u> , quoo		•			• •	Yes	No	
47	Did th	ne organization engage in lobbying	activities or have a s	section 501(h) elec	tion in ef	fect du	iring the	tax [
••		year? If "Yes," complete Schedule C, Part II										
48	•	Is the organization a school as 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?										
		-	•	_				-				
p p		"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."										
	empi	yees) who each received more than	\$100,000 of compet	ISation from the or				s, em	er ive	Jile.		
	(a)	Name and title of each employee	(b) Average	(c) Reportable		Health be utions to	employee	(e) Es	timated	amou	int of	
	•	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit	benefit plans, an		and deferred other o				
				,	С,	ompensa	ation					
None -	everyo	ne is volunteer			1							
					-		1					
f	Total	number of other employees paid over	er \$100,000	. ▶	<u> </u>							
51		plete this table for the organization's			ent contra	ctors v	who each	rece	ived i	more	than	
	\$100,	000 of compensation from the orga	nızatıon. İf there is no	one, enter "None."								
	N		+b \$100 000	(b) Type of service			(a) Compensation					
(a)	name a	nd address of each independent contractor pai	id more than \$100,000	(b) Type or	(b) Type of service		(c) Compensation					
				1								
				1								
						1						
				1								
				1								
							-					
				1								
d	Total	number of other independent contra	ctors each receiving	over \$100,000	•							
52		ne organization complete Schedule A	=		ne and 49	947(2)(1\					
JZ		xempt charitable trusts must attach					.,	▶ □	Yes		No.	
Lindor		of penury, I declare that I have examined this r	· · · · · · · · · · · · · · · · · · ·									
		d complete Declaration of preparer (other than						iowied	ge and	bener,	11.15	
Sign		Signature of officer					Date 1 4 1 4 1 4					
Here			baic									
616		Type or print name and title										
			Date PTIN									
Paid		Print/Type preparer's name	Preparer's signature		34.0		Check L self-emplo	If	•			
Prep			1	;		T		,60				
Use	Only											
May +	he IDS	Firm's address ▶ Phone no Strictions Phone no Phone no S										

SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Land O'Lakes Kennel Club	41 0901002
Line 16 = Other expenses: Insurance \$1757, AKC member dues \$25, storage locker \$1558, state sales t	ov \$2472 book shores \$252
Line 10 - Otier expenses: insurance \$1797, ARC member dues \$25, storage locker \$1556, state sales i	ax \$3473, Dank Charges \$352
	••••
	······································