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## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AI	For the	2016 calendar year, or tax year beginning , 2016, and ending		, 20			
В	Check if a	pplicable C Name of organization ?	D Employer	identification number ?			
	Address	change LI <u>NN_COUNTY KENNEL CLUB</u>		93-086821 <b>9</b>			
	Name ch	Ange Number and street (or PO box, if mail is not delivered to street address) ? Room/suite	E Telephone	number			
=	Initial retu	IPU BUA 2090		503-394-3693			
≓	Final retu Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group Ex	emption			
$\equiv$		ALBANY, OR 97321	Number				
			Check ▶ □	if the organization is not			
	Nebsite			ttach Schedule B			
JΫ́	ax-exe			90-EZ, or 990-PF).			
		forganization. Corporation Trust Association Other		<del></del>			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l assets				
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	<b>&gt;</b>	\$ 130,798			
12	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruction				
,9		Check if the organization used Schedule O to respond to any question in this Part I					
7	1	Contributions, gifts, grants, and similar amounts received	1	790			
?	2	Program service revenue including government fees and contracts	2	129,386			
?	3	Membership dues and assessments	3	400			
?	4	Investment income	4	222			
	5a	Gross amount from sale of assets other than inventory 5a	3,1 -7	<del></del>			
	Ь	Less: cost or other basis and sales expenses					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	م ا			
	6	Gaming and fundraising events	<u> </u>				
	a	Gross income from gaming (attach Schedule G if greater than		,			
e n	-	\$15,000)		<b>*1</b>			
Revenue	Ь	Gross income from fundraising events (not including \$ of contribution	าร				
ě	_	from fundraising events reported on line 1) (attach Schedule G if the					
ш.		sum of such gross income and contributions exceeds \$15,000)   6b		×			
	С	Less: direct expenses from gaming and fundraising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract				
		line 6c)	6d	0			
	7a	Gross sales of inventory, less returns and allowances					
	b	Less; cost of goods sold					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
	8	Other revenue (describe in Schedule O)	-:8	0			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	130,798			
	10	Grants and similar amounts paid (list in Schedule O)	(010	18,249			
	11	Benefits paid to or for members	j? . <del>(11</del>	0			
ses	12	Salaries, other compensation, and employee benefits 2	/ 12	0			
	13	Professional fees and other payments to independent contractors	13	36,497			
Expens	14	Professional fees and other payments to independent contractors CCCDENTIAL Occupancy, rent, utilities, and maintenance	0.1 . 14	44,162			
Щ	15	Printing, publications, postage, and shipping	15	603			
	16	Other expenses (describe in Schedule O)	16	38,245			
	17	Total expenses. Add lines 10 through 16	. > 17	137756			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		(6957)			
ěŧ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree					
Ass	1	end-of-year figure reported on prior year's return)		91,715			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		0			
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>	84,758			
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2016)			

Form 9	190-EZ (						Page 2
Par	t II	Balance Sheets (see the instructions	•		Dank II		
	+	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	· ·	(B) End of year
<u>_</u>	_			<u> -</u>	<del>````</del>	001	<del></del>
22		n, savings, and investments			91,715	-	84,758
23		and buildings		· · · · · /-		23	0
24		er assets (describe in Schedule O)		· · · · · /		24	0
25		al assets		· · · · · /	91,715		84,758
26		Il liabilities (describe in Schedule O)				26	0
27		assets or fund balances (line 27 of column			91,715	27	84,758
Part	Ш	Statement of Program Service Accom	•		•	1	_
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔽	/D-4	Expenses
What	is the	organization's primary exempt purpose?	SEE SCHEDULE O				quired for section (c)(3) and 501(c)(4)
Desc	ribe th	e organization's program service accompli	shments for each o	f its three largest p	rogram services.		anizations; optional for
		ed by expenses. In a clear and concise m				othe	ers.)
		nefited, and other relevant information for ea		•	•		
28 -	HOST	ED TWO AMERICAN KENNEL CLUB SANCTIO	NED CONFORMATIO	N, OBEDIENCE / RAL	LY DOG		1
,	SHOW	S AND AGILITY TRIALS. AVERAGE ENTRIES	OF 1700 DOGS AND	EXHIBITORS			
			••	••••		ļ	
?	(Grant	s \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	97,007
	<del></del>	DED OBEDIENCE & CONFORMATION HANDL				-	
		ENESS OF DOG WELFARE & SAFETY. A FUL					
		OG ADOPTED THROUGH LINN COUNTY DOG				ĺ	
	(Grant			ants, check here .		29a	13,999
	<del></del>	TIONS OF CASH SUPPORT TO LOCAL CHARI				230	13,777
		AL CARE EDUCATION. DONATIONS IN EXCE				1	1
			22 OL 22000 IO W 21	NGLE ENTITY REPO	KIED ON		
		DULE 0	to the death of the state of				40.040
	(Grant					30a	18,249
		program services (describe in Schedule O)				١	
	(Grant			ints, check here .		31a	
		program service expenses (add lines 28a t				32	
Part	IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule		•		nstru	ctions for Part IV)
		Ondok II the organization adda Concadio	T	(c) Reportable ?	(d) Health benefits,	<del>i</del>	· · · · · <u>· · · · · · · · · · · · · · </u>
		? (a) Name and title	(b) Average hours per week	compensation	contributions to employ		
		(-)	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
MADO	E NEI	SONM PEREZ PRESIDENT		(ii not pain, onter o )	delicited compensation	╁	
			5				
		RSON SCIO DR, JEFFERSON, OR 97352	<del> </del>	0	<del></del>	0	0
	NILEY	VICE PRESIDENT	2				_
		IO RD, SCIO, OR 97374		4300	<u> </u>	9	0
		RIDGER TREASURER	10				
PO B	OX 213	52, SALEM, OR97307		0		0	0
SUSIE	SHE/	RER SECRETARY	3				
PO BO	OX 248	8, LEBANON, OR 97355		0		0	0
LINDA	A GRA	CE BOARD	1				
44858	E MC	CULLY MOUNTAIN RD, LYONS, OR 97358		0		0	. 0
CATH	Y FEE	NEY BOARD	1			T	
630 H	ICKOR	Y ST, NW, STE 120 PMB #48 ALBANY, OR		o		o	0
TERR	IA NIG	HTINGALE BOARD				1	
499 S	E HAN	KEL, DALLAS, OR 97338	1	l o	1	o	0
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	۷. 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	res	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		~
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 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 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	35b		<b>V</b>
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	35c		<i>y</i>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b		<b>'</b>
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<b>/</b>
39 a b	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		i	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c 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		-
41	List the states with which a copy of this return is filed ▶	لتتنا		<u> </u>
42a	The organization's books are in care of ▶ Telephone no. ▶			
<b>L</b>	Located at ► ZIP + 4 ►	<del>-</del>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		,,	ŕ
c	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country: ▶	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	• []
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	Yes	No
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44b 44c		V
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		<u>/</u>
D	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		~

1111 33	J-EZ (2010)						aye
	Diddleinter-angua directly or i	ndiroethy in nolitical		hobalf of or in apposi	tion [	Yes	No
)	Did the organization engage, directly or it to candidates for public office? If "Yes,"	complete Schedule C	Jampaign activities on S, Part I	· · · · · · · ·	. 46		~
rt	Section 501(c)(3) organization All section 501(c)(3) organization	s only				or line	
	50 and 51.						
	Check if the organization used Sc	chedule O to respond	d to any question in t	his Part VI	<u></u>		_ [
	Did the conservation are sent in labeling			_ i_ aff_a domin_ ab_	A	Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	rtll			. 47		
}	Is the organization a school as described		· ·			<u> </u>	
a	Did the organization make any transfers					_	
b	If "Yes," was the related organization a s Complete this table for the organization's						d b
,	employees) who each received more that						
_		T	<del></del>	(d) Health benefits,	1		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee benefit plans, and deferred	(e) Estimate other con		
		devoted to position	(Forms W-2/1099-MISC)	compensation	oulei con	hensar	1011
		<del>                                     </del>	<del> </del>	<del>                                     </del>			
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		1					
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		1	1	l			
	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independent	contractors who each	h received	more	tha
	· · ·	's five highest companization. If there is no	ensated independent		h received		tha
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp anization. If there is no dent contractor	ensated independent one, enter "None."				tha
	Complete this table for the organization \$100,000 of compensation from the organization from the organization with the compensation from the organization	's five highest comp anization. If there is no dent contractor	ensated independent one, enter "None."				tha
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## **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization

LINN COUNTY KENNEL CLUB 93-086821 PAGE 1, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5000 **OREGON STATE UNIVERSITY SCHOLARSHIPS** 9,000 **ALL OTHER GRANTS LESS THAN \$5000** 9,249 18,249 TOTAL PAGE 1, LINE 13 PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS CLASS CONTRACTORS 10,040 **SHOW CONTRACTORS** 26,457 TOTAL 36,497 PAGE 1, LINE 16 OTHER EXPENSES OFFICE AND ADMIN EXPENSES 8,113 **AKC AGILITY & SHOW EXPENSE** 27,473 MISC SHOW EXPENSE 2,658 TOTAL 38,245 **RENT, UTILITIES AND MAINT** 44,162 603 **PRINTING AND POSTAGE** TOTAL PAGE 2, PART III WHAT IS THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE TO ADVANCE ALL BREEDS OF PUREBRED DOGS BY HELPING OWNERS TO PROPERLY TRAIN THEIR DOGS AND PREPARE THEIR DOGS FOR ALL TYPES OF COMPETITION