

Form **990-EZ**

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

OMB No. 1545-1150  
**2009**  
**Open to Public Inspection**

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning 01/01, 2009, and ending 12/31, 20 09**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> <b>SALUKI CLUB OF AMERICA INC</b>		<b>D Employer identification number</b> <b>24-8025076</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>969 W VETERANS HWY</b>		<b>E Telephone number</b> <b>732-961-7099</b>
		City or town, state or country, and ZIP + 4 <b>JACKSON, NJ 08527</b>		<b>F Group Exemption Number</b> ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ <http://www.salukiclub.org>

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

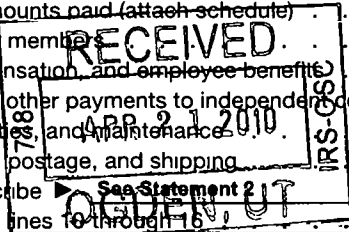
**J Tax-exempt status** (check only one) —  501(c) ( 7 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **64,683**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .															959											
	2	Program service revenue including government fees and contracts . . . . .															57,214											
	3	Membership dues and assessments . . . . .															6,510											
	4	Investment income . . . . .															0											
	5a	Gross amount from sale of assets other than inventory . . . . .															0											
	b	Less: cost or other basis and sales expenses . . . . .															0											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .															0											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>																										
	a	Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .															0											
	b	Less: direct expenses other than fundraising expenses . . . . .															0											
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .															0												
7a	Gross sales of inventory, less returns and allowances . . . . .															0												
b	Less: cost of goods sold . . . . .															0												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .															0												
8	Other revenue (describe ▶ _____ )															0												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶															64,683												
Expenses	10	Grants and similar amounts paid (attach schedule)															0											
	11	Benefits paid to or for members															0											
	12	Salaries, other compensation, and employee benefits															0											
	13	Professional fees and other payments to independent contractors															0											
	14	Occupancy, rent, utilities, and maintenance															4,148											
	15	Printing, publications, postage, and shipping															3,756											
	16	Other expenses (describe ▶ See Statement 2 _____ )															62,104											
17	<b>Total expenses.</b> Add lines 10 through 16 ▶															70,008												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-5,325											
	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)															29,724											
	20	Other changes in net assets or fund balances (attach explanation)															0											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶															24,399											



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	29,724	24,399
23	Land and buildings . . . . .	0	0
24	Other assets (describe ▶ _____ )	0	0
25	<b>Total assets</b> . . . . .	29,724	24,399
26	<b>Total liabilities</b> (describe ▶ _____ )	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	29,724	24,399

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Attachment**  
 Describe what was achieved in carrying out the organization's exempt purposes. 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	See Statement 3 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31	Other program services (attach schedule) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .		32	<b>62,104</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for 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 Statement 4 ----- -----				
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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	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, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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 period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <u>0</u>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <u>0</u>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
<b>c</b>	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 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>CT</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Sharon Walls</b> Telephone no. ▶ <b>732-961-7099</b> Located at ▶ <b>969 W Veterans Hwy, Jackson, NJ 08527</b> ZIP + 4 ▶ <b>08527</b>		
<b>b</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)? . . . . .	Yes	No
<b>42b</b>			✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>0</u>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**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 46–49b and complete the tables for lines 50 and 51.

- |  |            | Yes | No |
|--|------------|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  |     |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |     |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |     |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |     |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |     |    |
- 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."

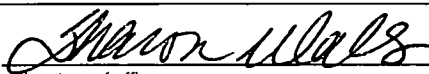
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**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
None		

**d** Total number of other independent contractors each received . . . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.  ▶  Signature of officer ▶ <b>Sharon Walls, Treasurer</b> Type or print name and title
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

May the IRS discuss this return with the preparer shown above? S

**Statement 1 : General Explanations**

**Statement 2 : Other Expenses Schedule**

**Statement 3 : Program Service Accomplishments**

**Statement 4 : Officers, Directors, Trustees and Key Employees Compensation**

General Explanations

Reference	Explanation
Form 990-EZ, Part III, Line (28-31)	<p>What is the Organization's Primary Exempt Purpose? The Saluki Club of America, Inc. (SCOA) is recognized by the American Kennel Club as the Parent Club for the Saluki, which is a breed of dog. The objects of the club are set forth in Section 2 of its Constitution, a copy of which section is attached. Section 2. The objects of the Club shall be a. to further the advancement of pure-bred Salukis and to do all possible to bring their natural qualities to perfection, b. to encourage the organization of independent local Saluki Specialty Clubs in those localities where there are sufficient fanciers of the breed to meet the requirements of the American Kennel Club, c. to promulgate the Standard of the Breed as approved by the American Kennel Club as the only Standard of excellence by which Salukis shall be judged, d. to do all in its power to protect and advance the best interests of the breed and to encourage sportsmanlike competition at dog shows and other competitive activities approved of or regulated by the Club or the American Kennel Club, e. to conduct sanctioned matches, specialty shows, and other competitive activities under the rules of the American Kennel Club. In summary, the purpose is the protection, preservation, and advancement of the breed and its standard.</p>

**Statement 2**

Form 990-EZ

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Line Number Part I Line 16

**SALUKI CLUB OF AMERICA INC****24-6025076****Other Expenses Schedule**

<b>Description</b>	<b>Amount</b>
AKC Delegate Expense	\$1,698
AKC Eukanuba Medallions	\$125
Eastern Regional Expense	\$540
Friend of the Saluki Award	\$134
Futunty Expense	\$1,928
Health & Genetics Expense	\$550
Judges Education Expense	\$625
Lure Coursing Expense	\$3,584
National Expenses	\$20,831
Rally Expense	\$859
Ways and Means Expenses	\$13,468
Western Regional Expense	\$4,951
Public Education	\$1,668
Perpetual Trophies	\$203
Internet Expense	\$719
Insurance	\$2,185
Charitable Donations	\$1,400
Durable Goods	\$1,192
Admin/Board Expense	\$4,610
Office Supplies	\$303
Bank Fees	\$306
Corp Filing Fees	\$225
<b>Total:</b>	<b>\$62,104</b>

Statement 3

Form: 990-EZ

Page 2

Line Number Part III Line 28

SALUKI CLUB OF AMERICA INC

24-6025076

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
In order to fulfill its objects, the SCOA holds three events each year. The largest of these events is in conjunction with the Egyptian Event for Arabian horses in Lexington, Kentucky. Salukis are indigenous to the Middle East and thus identified with Arabian horses. At this event, SCOA holds educational seminars, exhibitions of Salukis from the desert, costume exhibitions in addition to a pure-bred Saluki show and lure-coursing events to highlight the qualities of the breed. A brunch, a dinner, and a wine and cheese reception are also held to provide an opportunity for Saluki fanciers to meet and discuss their interest in the breed. This is a 5-day event, which is attended by 250 to 400. In recent years, it is the best attended event relative to pure-bred dog registrations of any breed. The purpose of the event is to provide a forum for the education of Saluki fanciers on the history, form, function, and health concerns of the breed. SCOA also holds two similar, but smaller, events each year in the eastern and western parts of the country.	\$0		\$62,104
<b>Total:</b>			<b>\$62,104</b>



**Statement 4**

Form 990-EZ

Page 2

Line Number Part IV

**SALUKI CLUB OF AMERICA INC****24-6025076****Officers, Directors, Trustees and Key Employees Compensation**

<b>Name and address</b>	<b>Title and Hours</b>	<b>Compensation</b>	<b>Benefits</b>	<b>Expense</b>
Jay Kappmeier 232 Lanmore Valley Drive Chesterfield, MO 63005	President 15.00	\$0	\$0	\$0
Gary Roush PO Box 400 Lightfoot, VA 23090	Vice President 7.00	\$0	\$0	\$0
Mary Beth Rogers 21410 Mattaponi Trail Milford, VA 22514	Recording Secretary 10.00	\$0	\$0	\$0
Catherine Comroe 3640 Lanat Dr Cameron Park, CA 95682	Corresponding Secretary 7.00	\$0	\$0	\$0
Sharon Walls 969 W Veterans Hwy Jackson, NJ 08527	Treasurer 10.00	\$0	\$0	\$0
Cindy Brown 19 White Oaks Rd Mesquite, NM 88048	Board Member 5.00	\$0	\$0	\$0
Karen Chen 6005 Prairie Rd Reno, NV 89510	Board Member 5.00	\$0	\$0	\$0
Gary Parks 121 Quaker Meetinghouse Rd Williamsburg, VA 23188	Board Member 10.00	\$0	\$0	\$0
Lorraine Trenholm PO Box 1942 Ignacio, CO 81137	Board Member 5.00	\$0	\$0	\$0
Romayne Strilka-Switch 6436 Meetinghouse Rd New Hope, PA 18938	Board Member 5.00	\$0	\$0	\$0
Monica Stoner PO Box 1708 Edgewood, NM 87015	AKC Delegate 10.00	\$0	\$0	\$0
<b>Total:</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>