

Form

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 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.

Header section A-L containing organization details: SALUKI CLUB OF AMERICA, 3582 Bryce St, Cocoa, FL 32926. Includes accounting method (Cash), website (http://www.salukiclub.org), and tax-exempt status (501(c)(7)).

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 [X]

Main table with 21 rows. Revenue section (lines 1-9) totals 57,780. Expenses section (lines 10-17) totals 50,270. Net Assets section (lines 18-21) totals 35,142. Includes a 'RECEIVED' stamp from the Ogden Post Office dated 02/02/2013.

SCANNED APR 22 2013

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

2

Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|------------------|
| 22 Cash, savings, and investments | 27,632 | 22 35,142 |
| 23 Land and buildings | 0 | 23 0 |
| 24 Other assets (describe in Schedule O) | 0 | 24 0 |
| 25 Total assets | 27,632 | 25 35,142 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27,632 | 27 35,142 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose? See Schedule O, Statement 1

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.

| | | |
|---|------------|---------------|
| 28 In order to fulfill its objectives, the SCOA holds 3 to 4 events each year. The largest of this is our National Specialty. At this event, SCOA holds educational seminars, exhibitions of Salukis from the desert, costume (Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 38,311 |
| 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 (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 0 |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 38,311 |

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 title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| Jay Kappmeier President | 3 | 0 | 0 | 0 |
| Gary Roush Vice President | 1 | 0 | 0 | 0 |
| Mary Beth Rogers Recording Secretary | 4 | 0 | 0 | 0 |
| Diana Farmer Corresponding Secretary | 4 | 0 | 0 | 0 |
| Katie Souder Treasurer | 3 | 0 | 0 | 0 |
| Frank Farrar Board Member | 1 | 0 | 0 | 0 |
| Catherine Comroe Board Member | 1 | 0 | 0 | 0 |
| Jan Isley Board Member | 1 | 0 | 0 | 0 |
| Lorraine Trenholm Board Member | 1 | 0 | 0 | 0 |
| Debbie Feliciano Board Member | 1 | 0 | 0 | 0 |
| Monica Stoner AKC Delegate | 2 | 0 | 0 | 0 |

Part V Other Information (Note the Schedule A and personal benefit contract 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 | | ✓ |
| 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) | | ✓ |
| 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)? | | ✓ |
| 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 | | |
| 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 | | ✓ |
| 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 | | ✓ |
| 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? | | ✓ |
| 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? | | ✓ |
| 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 | | |
| 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 | | ✓ |
| 41 | List the states with which a copy of this return is filed ▶ CT | | |
| 42a | The organization's books are in care of ▶ Katie Souder Telephone no ▶ 321-433-8131 Located at ▶ 3582 Bryce St, Cocoa, FL 32926 ZIP + 4 ▶ 32926 | | |
| 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 | ✓ |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? 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 . . . ▶ 43 <input type="checkbox"/> | | |
| 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 | 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 | ✓ |
| c | 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 | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | ✓ |
| 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 | ✓ |

| | | | |
|--|-----------|------------|-----------|
| 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 | | Yes | No |
| | 46 | | ✓ |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

| | | | |
|---|------------|------------|-----------|
| 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 | | Yes | No |
| | 47 | | |
| 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? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
| 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 title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

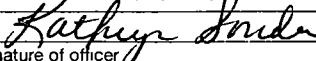
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (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 receiving more than \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A

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 provided to the preparer.

| | |
|------------------|---|
| Sign Here | ▶  |
| | Signature of officer |
| | ▶ Katie Souder, Treasurer |
| | Type or print name and title |

| | | |
|-------------------------------|----------------------------|----------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature |
| | Firm's name ▶ | |
| | Firm's address ▶ | |

May the IRS discuss this return with the preparer shown above? See instructions

Primary Exempt Purpose

Primary Exempt Purpose

The Saluki Club of America, Inc (SCOA) is recognized by the America Kennel Club(AKC) as the Parent Club for the Saluki, which is a breed of dog. Objects of the club are set forth in Section 2 of Constitution, sections as follows: The object of the Club shall be a) further the advancement of pure-bred Salukis & do all possible to bring their natural qualities to perfection, b) 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 AKC, c) promulgate the Standard of the Breed as approved by the AKC as the only Standard of excellence by which Salukis shall be judged, d) do all in its power to protect and advance the best interests of the breed and encourage sportsmanlike competition at dog shows & other activities approved by or regulated by the Club or AKC, e) conduct functions under guidelines of AKC. The purpose is the protection, preservation & advancement of the Saluki.

First Program Service Accomplishments Description

Description

exhibitions, in addition to a pure-bred show and lure coursing to highlight the qualities of the breed This is a 5 day event with dinners and health testings It is a well attended event with the purpose to provide a forum for the education of Saluki fanciers on the history, form, function and health concerns SCOA also holds 2 -3 smaller events in the East, West and Middle parts of the states