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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 and controlling organizations as defined in section 512(b)(13) must like 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.

OMB No. 1545-1150

2009

Open to Public Inspection

A 1	or u	HE 2009 Calenti	ar year,	or tax year beginning June 1 , 2005, and en	imin	may 3		, 20 10		
Bo	heck i	if applicable:	Please	C Name of organization D Em			ployer identification number			
∟ٍ	Addres	ss change	trange USS IRS LAWRENCEVILLE KENNEL CLUB				58 1416244			
=		change				lephone number				
=	nitial r Fermin		type. See P.O. BOX 751				770-466-2062			
H			Specific	City or town, state or country, and ZIP + 4	F Gro	un Eva	mn	ion		
=		ted return ation pending	Instruc- tions.	LAWRENCEVILLE, GA 30046-0751	i i	ndber i	•	Juli		
느	<u> </u>					Method: 🛮 Cash 🔲 Accrual				
	- 38	ecuon 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 or 990-EZ).	_		V	Casi L Accida		
_					Other (specify					
				i e e e e e e e e e e e e e e e e e e e		if the organization is not				
				wrencevillekennelclub.org	•	ttach Schedule B (Form 990,				
<u>J 7</u>	ax-e			tly one) — 🗹 501(c) (4) ◀ (insert no.) 📙 4947(a)(1) or 📙 527	990-EZ, or 99					
	Check		_	ration is not a section 509(a)(3) supporting organization and its gross receip	-					
!	om	990-EZ or Form	n 990 re	urn is not required, but if the organization chooses to file a return, be sur	e to file a comp	lete re	turn	·		
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo		\$	<u> </u>	139325		
Р	art	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (S	ee the instru	ction	s fo	or Part I.)		
	1	Contributio	ons, giff	s, grants, and similar amounts received		1		0		
	2	Program se	ervice r	evenue including government fees and contracts		2		135911		
	3	=		and assessments		3		1675		
	4	Investment	t incom	e <i></i>		4		537		
	5	a Gross amo	unt fro	n sale of assets other than inventory 5a	0					
	I -			r basis and sales expenses	0	1 !				
	ı			sale of assets other than inventory (Subtract line 5b from line 5al	······································	5c		0		
9	6	•	-	vities (complete applicable parts of Schedule G). If any amount is from gaming, che			-	<u>_</u>		
Revenue	I -	*			ZAKIRAC P					
ĕ	'		-	<u> </u>						
Œ	Ι.	reported or			U	-				
			Less: direct expenses other than fundraising expenses							
			•	6c		0				
	7	a Gross sale	s of inv	0	1 1					
		b Less: cost	of goo	ds sold	0	1				
		c Gross prof		7c	L.,	0				
	8	Other reve	Other revenue (describe Self Instruction Fees)							
	9	Total reve	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							
	10	Grants and	i simila:	amounts paid (attach schedule)	<u> </u>	10		3000		
	11	Benefits pa	Repetits paid to or for members							
Ø	12	Salaries, o								
benses	13	-	Professional fees and other payments to independent contractors							
<u>ē</u>	14		Occupancy, rent, utilities, and maintenance OGDEM. UT							
			Printing, publications, postage, and shipping							
2010E	16		Other expenses (describe Confirmation & Obedience Show Expenses & Other Program Exp							
2	17	•	· · · · · · · · · · · · · · · · · · ·							
 -	1		Total expenses. Add lines 10 through 16							
ENet Assets	19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							
	'			19		77970				
	۱	_	end-of-year figure reported on prior year's return)					71910		
	20		Other changes in net assets or fund balances (attach explanation)					0		
			Net assets or fund balances at end of year. Combine lines 18 through 20					86298		
	art	Dalance	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990							
[\(\frac{1}{2} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1} \) \(\		.	(See the instructions for Part II.) (A) Beginning of					(B) End of year		
2	2	Cash, savings, and investments					22	84298		
							23	0		
24							24	2000		
2		Total assets .				77970		86298		
26		Total fiabilities (describe ►)					26	0		
~	•	Mat annata ar	4d L	alaman (line 97 of column (D) west come with line 91)				00000		

	200 12 (2000)					raye 🚣			
Par	Statement of Program Service Accomp	plishments (See the instructions for Part III.)				Expenses			
Wha	is the organization's primary exempt purpose?	Kennel club providing dog shows & training to the public				(Required for section			
Desc	ribe what was achieved in carrying out the org	ganization's exempt purposes. In a clear and concise			501(c)(3) and 501(c)(4)				
		of persons benefited, and other relevant information for			organizations and section 4947(a)(1) trusts; optional				
each	program title.				for ot				
28	Provided to the public an American Kennel Club (AK	C) dog conformation show it	August In additio			y			
20	we provided to the public an American Kennel Club (
	2,468 entrants and numerous viewing public were in								
	···					50000			
		includes foreign grants, ch			28a	52933			
29	Provided to the public an American Kennel Club (AK			· · · · · · · · · · · · · · · · · · ·					
	we provided to the public an American Kennel Club (ally Trial. Approxim	nately					
	2,412 entrants and numerous viewing public were im	volved with this show.							
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, che			29a	47876			
30	We provide to the public five to six $(5 > 6)$ eight (8) w	eek long dog training classe:	s annually. This ye	ar we had					
	approximately 225 registrants enrolled in these class	ses. We also provide dog mi	crochipping, therap	y dog					
	testing .CGC certifications, educational programs, ar	nd Responsible Dog Ownersl	hip programs.						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	714			
31	Other program services (attach schedule)								
	, , ,	includes foreign grants, che	eck here	. ▶ □	31a	2960			
32	Total program service expenses (add lines 28a t			•	32	104483			
Par			en if not compensa	ted (See the					
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense			
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans&	account and			
Mort	v Baitev	devoted to position	enter -0)	deferred compe	ISABION	other allowances			
	′	President - 4 Hrs/Week	_			_			
	amden Court, Lawrenceville, GA 30045		0	· · · · · · · · · · · · · · · · · · ·	0	0			
	Riley	Vice President - 2 Hrs/Wk		1					
	Jasmine Drive, Jefferson, GA 30549		0		0	0			
	n Saulvester	Treasurer - 8 Hrs/Week							
2502	Camp Mitchell Road, Grayson, GA 30017		0		0	0			
Liz H	allsworth	Secretary - 2 Hrs/Week		1					
5425	Forrest Falls Drive, Loganville, GA 30052	Secretary - 2 marveek	0		0	0			
Ouid	a Blackwelder	Donal of Dissolves 4 Hells	0						
1491	Daniel Lane, Lawrenceville, GA 30046	Board of Directors 1 Hr/Wk			0	0			
Bob	LaBerge					0			
3882	Morgan's Ridge Circle, Buford, GA 30519	Board of Directors 1 Hr/Wk	0		0				
Geor	ge Cooper		7. ' "						
1616	Scholar Drive, Lawrenceville, GA 30044	Board of Directors 1 Hr/Wk	ol		0	ه ا			
	elle Kitzrow								
	Mountain Ridge Circle, Sugar Hill, GA 30518	Board of Directors 1 Hr/Wk	0		0	o			
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Form 99	0- <i>EZ (</i> 2009) `		F	age 3			
Part	Other Information (Note the statement requirements in the instructions for Part V.)			No			
33 (Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1			
35	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.						
а	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?						
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b					
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?	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 period covered by this return?	38a		✓			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0						
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9						
Ь	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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0						
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	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						
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						
41	List the states with which a copy of this return is filed. ▶ Georgia		•				
42a	The organization's books are in care of ▶ Susan Saulvester Telephone no. ▶ 7	70-46	6-206	2			
		30017	-1320				
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		Yes	No			
	account)?	42b		1			
	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.						
C	At any time during the calendar year, did the organization maintain an office outside of 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		.	▶ □			
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		1.53				
45		44	 	✓			
	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	45	<u> </u>	1			
	_	001		/200G			

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.										
	Julius and the state of the sta							No		
	candidates for public office? If "Yes," complete:	· ·	• • • ·			46_		/		
	Did the organization engage in lobbying activitie	•				47		1		
	Is the organization a school as described in section		•			48		/		
	Did the organization make any transfers to an ex	•	elated org	anization?		49a 49b		-		
	· · · · · · · · · · · · · · · · · · ·							<u> </u>		
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									
	employees) who each received more than \$100,	(b) Title and average		rganization Compensation						
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(0)	Comparisation	employee benefit plans & deferred compensation	àc	(e) Expense account and other allowances			
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	T	<u> </u>			_1	L				
51										
\$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		
				-						
				1						
				†						
				1	1					
				<u>† </u>						
				1						
				<u> </u>	1					
				1						
d	Total number of other independent contractors e	each receiving over \$10	00,000		None					
	Under penalties of perjury, I declare that I have examine	ed this return, including acco	mpanying s	chedules and s	tatements, and to the bes	t of my	knowi	 edge		
	and belief, it is true, correct, and complete. Declaration	of preparer (other than office	r) is based o	on all informati	on of which preparer has	arry kno	wledge	3.		
Sign Here	Susan M. Saulvester 1 10-5-									
	Susan M Saulvester, Treasurer Date									
	Type or print name and title									
Paid	Preparer's signature	Date		Check if self- employed ▶ [Preparer's identifying nur	nber (Se	e instruc	tions)		
Prepare	Him's name (or									
Use On	y yours if self-employed), address, and ZIP + 4	····								
May th		n above? See instruction	ากร		Thone no. ▶	Vac	\neg	No.		
May the IRS discuss this return with the preparer shown above? See instructions										

ATTACHMENT

Lawrenceville Kennel Club - Tax ID # 58 - 1416244

2009 Tax Return - Form 990 EZ

Part I (Line 10)

Grants & Allocations

ARCH Foundation for the University of Georgia, 394 S Milledge Ave Suite 300, Atlens, GA 30602		
Total Grants & Allocations	3,000	
Part III (Line 31)		
Other Program Services		
Breed Referral Phone Service	338	
Web Site	181	
Member Awards	688	
Club Shirts		
Christmas Party, Awards Dinner & Monthly Meeting Hospitality		
Directories of Club members		
Member Get Well Cards & Flowers & Sympathy Cards & Flowers		
Total Other Program Services	2,960	