## **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)

OMB No. 1545-1150

2017

|            |  | Do not outer cooled one                                | vuite numbous on this form         | oo it may be made by | blic Cov                                  | en to Public |  |
|------------|--|--|------------------------------------|----------------------|---|--------------|--|
|            | Department of the Treasury<br>Internal Revenue Service |  | curity numbers on this form        |                      | 10% \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | nspection    |  |
|            |  | L  | orm990EZ for instructions          |                      |   | 20 40        |  |
|            |  | ar year, or tax year beginning  C Name of organization | June 1                             | , 2017, and ending   | May 31                                    | , 20 18      |  |
|            | B Check if applicable                                  |  |                                    |                      | D Employer identifi                       |              |  |
|            | Address change  Name change                            | LAWRENCEVILLE KENNEL CLUB                              |                                    | Room/suite           | 58141                                     |              |  |
|            | Initial return   | Number and street (or P.O box, if mail is              | s not delivered to street address) | noom/suite           | E Telephone numbe                         |              |  |
|            | Final return/terminated                                | P.O. BOX 751   | and ZID or foreign postal and      |                      | 770-46                                    | 6-2062       |  |
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| - 10 m     | Expension * * action reviews =                         |  |                                    |                      | <u> </u>                                  |              |  |
| <b>i</b> — |  |  |                                    |                      |   |              |  |
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|      | Balance Sheets (see the instructions  |   | nia Dort II           |        | _                            |
|------|---|---|-----------------------|--------|------------------------------|
|      | Check if the organization used Schedule                                     | e O to respond to any question in ti      |                       |        |                              |
|      | Ocak candana and the  |   | (A) Beginning of year | ·      | B) End of year               |
| 22   | Cash, savings, and investments  |   | 129342                |        | 122665                       |
| 23   | Land and buildings  |   |                       | 23     |                              |
| 24   | Other assets (describe in Schedule O)                                       |   | 3781                  |        | 3781                         |
| 25   | Total assets  |   | 133123                |        | 126446                       |
| 26   | Total liabilities (describe in Schedule O)                                  |   |                       | 26     |                              |
| 27   | Net assets or fund balances (line 27 of column                              | <del></del>                               | 133123                | 27     | 126446                       |
| Par  | III Statement of Program Service Accom                                      | •   | •                     |        | _                            |
|      | Check if the organization used Schedule                                     |   |                       | /Dom   | Expenses<br>ired for section |
| Wha  | is the organization's primary exempt purpose?                               | Kennel Club providing dog shows & train   | ning to the public    |        | (3) and 501(c)(4)            |
| Desc | ribe the organization's program service accompl                             | ishments for each of its three larges     | t program services,   | , ,    | zations; optional for        |
| as n | easured by expenses. In a clear and concise n                               | nanner, describe the services provi       |                       | others | S.)                          |
|      | ons benefited, and other relevant information for e                         |   |                       |        |                              |
| 28   | Provided to the public an American Kennel Club (AKC)                        | dog confirmation show in August. In addit | ion, we provided      |        |                              |
|      | to the public an American Kennel Club (AKC) Obedienc                        | e Trial, and a AKC Rally Trial Approxim   | ately 1,688 entrants  |        |                              |
|      | and numerous viewing public were involved with this sh                      | ow.                                       |                       |        |                              |
|      | (Grants \$ ) If this amount   | t includes foreign grants, check here     | ▶ 🗆                   | 28a    | 43326                        |
| 29   | Provided to the public an American Kennel Club (AKC)                        |   |                       | 1      |                              |
|      | to the public an American Kennel Club (AKC) Obedieno                        | e Trial, and a AKC Rally Trial. Approxima | tely 1,883 entrants   |        |                              |
|      | and numerous viewing public were involved with this shi                     |   |                       |        |                              |
|      | (Grants \$ ) If this amount   | t includes foreign grants, check here     | • 🗇                   | 29a    | 39900                        |
| 30   | We provided to the public five to six $(5 > 6)$ six $(6)$ week              |   |                       |        |                              |
|      | entrants in these classes We also provided Canine Go                        |   |                       |        |                              |
|      |   |   |                       |        |                              |
|      |   |   |                       | 1 1    |                              |
|      | (Grants \$ ) If this amount   | t includes foreign grants, check here     | <b>▶</b> □            | 302    | 376                          |
| 31   |   | t includes foreign grants, check here     |                       | 30a    | 376                          |
| 31   | Other program services (describe in Schedule O)                             |   |                       |        |                              |
| 31   | Other program services (describe in Schedule O)                             |   |                       | 30a    | 376                          |
| 31   | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
| 31   | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
| 31   | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
| 31   | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
| 31   | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
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| 31   | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
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|      | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
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|      | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |
|      | Other program services (describe in Schedule O) (Grants \$ ) If this amount |   |                       |        |                              |

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| Part                     |  |            |            |             |  |  |
|--------------------------|--|------------|------------|-------------|--|--|
|                          | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this   | Part       | V .<br>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        | <b>√</b>    |  |  |
| 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)?   | 35a        |            | 1           |  |  |
| c<br>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 |            |            |             |  |  |
| 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         |            | 1           |  |  |
| 37a<br>b<br>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<br>38a |            | 1           |  |  |
| b<br>39<br>a<br>b<br>40a | If "Yes," complete Schedule L, Part II and enter the total amount involved   |            |            |             |  |  |
| 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        |            | \ \ \ \ \ \ |  |  |
| C                        | 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   |            |            |             |  |  |
| 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 ▶ Georgia  |            |            |             |  |  |
| 42a                      |  | 770-46     |            |             |  |  |
|                          |  | 30017      |            | ,           |  |  |
| 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 V        |  |  |
|                          | 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).   |            |            |             |  |  |
| 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  |            | ا .        | <b>▶</b> □  |  |  |
| 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 V        |  |  |
| 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        |            | 1           |  |  |
| 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        | <u> </u>   |             |  |  |
| b                        | 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        |            |             |  |  |

| Our St             | 10-EZ (Z   | 3017)  |  |  |                                 |  |                   |             | age .       |  |
|--------------------|--|--|--|--|---------------------------------|--|-------------------|-------------|-------------|--|
| 46                 |  | he organization engage, directly or in   |  |  |                                 |  | n                 | Yes         | No          |  |
| Part               |  | Section 501(c)(3) organizations All section 501(c)(3) organizations                                | only   |  | ····                            |  | 46                | or lin      | <b>√</b>    |  |
|                    |  | 50 and 51.  Check if the organization used Sch   | ·  |  |                                 | •  |                   |             | . 🗆         |  |
| 47                 | Did t  | the organization engage in lobbying of the complete Schedule C, Part                               | activities or have a                                       | section 501(h) elec                                |                                 | ect during the ta  | 1X 47             | Yes         | No          |  |
| 48<br>49a          | Is the   | e organization a school as described in the organization make any transfers to                     | section 170(b)(1)(A)(i                                     |  |                                 |  | 48<br>49a         |             |             |  |
| ь<br>50            | If "Ye   | es," was the related organization a semplete this table for the organization's                     | ction 527 organization                                     | on?  | <br>other than                  | officers, directors  | 49b<br>s, trustee | es, an      | id key      |  |
|                    | employees) who each received more than  (a) Name and title of each employee  |  | (b) Average<br>hours per week<br>devoted to position       | (c) Reportable compensation (Forms W-2/1099-MIS    | (d) H<br>contribut<br>benefit p | (d) Health benefits, contributions to employee confib plans, and deferred compensation |                   |             | amount of   |  |
|                    |  |  |  |  |                                 |  |                   |             |             |  |
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|                    |  |  |  |  |                                 |  |                   |             |             |  |
|                    |  |  |  |  |                                 |  | <del></del>       |             |             |  |
| f<br>51            | Com  | number of other employees paid over  | s five highest compe                                       | . ▶ensated independe                               | ent contrac                     | tors who each r  | eceived           | more        | than        |  |
|                    | \$100,000 of compensation from the organization. If there is n  (a) Name and business address of each independent contractor |  |  | (b) Type of  | (c) Compensation                |  |                   |             |             |  |
|                    |  |  |  |  |                                 |  |                   |             |             |  |
|                    |  |  |  |  |                                 |  |                   |             |             |  |
|                    |  |  |  |  |                                 |  |                   |             | <del></del> |  |
|                    |  |  |  | -  |                                 |  |                   |             |             |  |
| d                  | Total  | number of other independent contract   | ctors each receiving                                       | over \$100,000                                     | . ▶                             |  | <del></del>       |             |             |  |
| 52                 | Did<br>comp  | the organization complete Schedul pleted Schedule A  | e A? Note: All se  | ction 501(c)(3) or                                 | · · · ·                         |  | <u> </u>          |             | No          |  |
| Jnder p<br>rue, co | enalties<br>rect, an   | of perjury, I declare that I have examined this rend complete. Declaration of preparer (other than | etum, including accompan-<br>officer) is based on all info | ying schedules and state<br>mation of which prepar | ements, and to<br>er has any kn | o the best of my know<br>owledge   | vledge and        | belief,     | rt is       |  |
| Sign<br>Here       | Signature of officer  Susan Saulvester, Treasurer  |  |  |  |                                 |  | )                 |             |             |  |
|                    |  | Type or print name and title   |  |  |                                 |  |                   | •           |             |  |
| Paid<br>Prep       | arer   | Print/Type preparer's name   | Preparer's signature                                       |  | Date                            | Check I ff self-employed   |                   |             |             |  |
| Jse (              | _  | Firm's name ▶  |  |  |                                 | Firm's EIN ▶   |                   |             |             |  |
| Aav #              | 1 <u>1</u> 1111  | firm's address ▶ discuss this return with the preparer   | shown above? Sa- :   | netructions  |                                 | Phone no.  |                   |             |             |  |
| ···uy ti           | II 10  | alocoos alio return with the preparer  | SHOWIT ADOVE! See I  | natructions  | <u></u> .                       | <u> </u>   | <u> </u>          | _ <u></u> _ | <u> </u>    |  |

## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

241

Department of the Treasury

AKC Reunite Canine Disaster Relief

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number LAWRENCEVILLE KENNEL CLUB 581416244 Part I - Line 8 - Other Revenue Self Instruction Fees 115 **CGC Test Fees** 20 The organization's books are in care of ▶ Susan Saulvester 770-466-2062 Telephone no. ▶ 30017-1320 Located at ▶ 2502 Camp Mitchell Road, Grayson, GA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over No Yes a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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). At any time during the calendar year, did the organization maintain an office outside the United States? 42¢ If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here nd anter the amount of tax exempt interest received or seemed during th Training Equipment Sales **Total Other Revenue** 297 Part I - Line 10 - Grants & Similar Amounts Paid ARCH Foundation for the University of Georgia, 501 D West Brooks Drive, Athens, GA 30602 3,000 Georgia Canine Coalition, c/o Clara Seals, Treasurer, 2794 Valet Court, Snellville, GA 500