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Form **990**

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 1545-0047

Department of the Treasury

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

► Go to wave its gov/Form990 for instructions and the latest information

Open to Public

Inter	nal Revenu	e Service	► Go to www.irs.g	ov/Form990	of for instructions and t	he late	st information	on.	Inspection			
Α	For the	2018 cale	ndar year, or tax year beginning		, 2018, a	and en	ding		, 20			
В	Check if a	pplicable.	C Name of organization THE GREA	TER LAFAY	ETTE KENNEL CLUB	INC		D Emplo	yer Identification number			
	Address o	hange	Doing business as					7	35-6024706			
	Name cha	,	Number and street (or P O. box if m	ail is not delive	ered to street address)	Room	/suite	E Teleph	ione number			
	Initial retu	•	PO BOX 4464			1	•	•				
$\overline{\Box}$	Final return		City or town, state or province, coul	ntry, and ZIP o	er foreign postal code	<u> </u>		+				
Ħ	Amended		LAFAYETTE, IN 47903	•	•			G Gross	receipts \$ 142055			
\exists			F Name and address of principal office	er:	. "." .:		Z Hallo the	a group return for subordinates? Yes No				
	Applicatio	is perioring	LAURA HOOSER, 8128 WOOLS		EST LAFAVETTE IN 47	796k	1 17		tes included? Yes No			
_	Tay ayan		501(c)(3) 501(c) (sert no.) 4947(a)(1) or	□ 52 <i>†</i>	/ / · ·		a list. (see instructions)			
	Tax-exem Website:		W.GLKC.ORG) ~ {iii	1 4947(a)(1) or	<u> </u>	-		•			
<u>-</u>			Corporation Trust Associa	tion Othe	I Vo	ar of for		OUD exemption	te of legal domicile: IN			
	art I	Summ			1 100	a 01 1011	nation 17	45 W Sta	te or legal domicile. IN			
		_	escribe the organization's miss	ion or mon	t cignificant activition	· To f	urthor the a	tvancomon	t of all broads of dogs to			
•	1	•	ts power to protect & advance the		- \	++						
Governance	1 -		sanctioned dog shows under the									
Ē	1 -		is box ▶ ☐ if the organization									
Š	1		_ •		*	•		1	I IIS HEL ASSELS.			
Ğ	1		of voting members of the gove of independent voting member		•				+			
3S &	1			•	• •	•	•		0			
Ę			nber of individuals employed in		• •	•			0			
Activities &	1		nber of volunteers (estimate if					. 6	68			
_	1		elated business revenue from		• •			. 7a				
3	6 1	vet unrei	ated business taxable income	from Form	990-1, line 38			7b r Year	Current Year			
	, ,		sions and grants (Dart VIII. line	461			Filo					
Revenue	1		tions and grants (Part VIII, line					1445	+			
F 6	1	_	service revenue (Part VIII, line			130129						
ٷڗ	i		nt income (Part VIII, column (A	-	·			2	7 37			
=			enue (Part VIII, column (A), line						14005			
<u> </u>			enue-add lines 8 through 11 (r					14460	7 142055			
4	1		nd similar amounts paid (Part I		• • •							
•	1		paid to or for members (Part I)	-	· ·							
es			other compensation, employee									
Expenses	16a	rotessio	nal fundraising fees (Part IX, c	olumn (A),	ING THECEIVE	ED ·	 					
Š			draising expenses (Part IX, col				——إفي					
-	17 (Other exp	penses (Part IX, column (A), lin enses. Add lines 13–17 (must	es 11a-110	121 -240 R.J.1 2h	ua 🖟	8	105828	 			
						5) ² - (c	<u>w</u>	10582				
		Revenue	less expenses. Subtract line 1	8 from line			4	3877				
Net Assets or Fund Balances					OGDEN, U	UT	seginning o	f Current Year	 			
sset 3ela	20 1		ets (Part X, line 16)				<u> </u>	12073				
ž ž	21		ilities (Part X, line 26)						0			
			ts or fund balances. Subtract I	ine 21 from	line 20	· ·		12073	2 126556			
	art II		ure Block									
			ry, I declare that I have examined this i ete) Declaration of preparer (other than						my knowledge and belief, it is			
		1 V	3 CV			- Picpa		1 as /a	. /			
ei.		A	ature of officer					Date >	//9			
Sig	- 1	Signa	LURA HOOSER PRESIDE				•	LDate				
He	re	<u>L</u> A		N7								
		'	or print name and title	Droporo-la	onatura		Data		DTN			
Pa	id	Pontriy	pe preparer's name	Preparer's su	ynature		Date		f PTIN			
Pr	eparer	·		L			1	,L	nployed			
Us	e Only	Firm's n	ame ▶					Firm's EIN 🕨	·			
			ddress ►	1	.07			Phone no.				
_			s this return with the preparer				<u> </u>	• • •	Yes No			
For	Paperwe	ork Redu	ction Act Notice, see the separa	te instructio	ons.	Cat	t. No. 11282Y		Form 990 (2018)			

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om 99	0 (2018) THE GREATER LAPPHETTE KENNEL CLUB INC 35-6024706 Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1 '	Briefly describe the organization's mission:
	To further the advancement of all breeds of dogs, to do all in its power to protect & advance the interest of all dogs & to
	encourage sportsmanlike competition at dog shows, to conduct sanctioned dog shows under the rules of AKC and to promote
	education and training of dog owners
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	The club held four agility trials and a conformation trial and two obedience trials for dog owners to compete and display their
	skills in handling their dogs in a sportsman like manner. These events promote excellence in breeding and more responsible
	dog ownership.

4b	(Code:) (Expenses \$
	Building and operating costs to provide a place to hold events and training classes
	······································
4c	(Code:) (Expenses \$ 2558 including grants of \$) (Revenue \$ 25743)
	The club held classes on an ongoing basis in the instruction of conformation, obedience, rally canine good citizenship, nose work,
	therapy dog and agility training. Because of the bonds established and skills learned, the owners are more responsible and the
	dogs are better mannered and managed, both of which are assets t the community.
	······································
	······
4 .	
4d	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 136231

The Greater La Payette Kennel Club, Inc 35-6024706 Form 990 (2018) Page 3 **Checklist of Required Schedules** Part IV Yas Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b

"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form **990** (2018)

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14b

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20a

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization 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? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable l 1a 11 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

18) The Greater Lafrye He Kennel Club, Inc 35-6024706
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2018)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	 		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		/
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			- 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b	and services provided to the payor?	7a 7b		~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
•	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		<u>_</u>
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:		Ì	1
a b	Initiation fees and capital contributions included on Part VIII, line 12			Ì
1	Section 501(c)(12) organizations. Enter:			ŀ
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		j	
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Ì
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which	Ì		
	the organization is licensed to issue qualified health plans	İ		Ì
C	Enter the amount of reserves on hand			
4a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
•	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	l	000	
		Form	990	(2018)

Form 9	90 (2018) The Greater Latayette Kennel Club, Inc 35-6024706			Page 6	
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S				
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	1			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0	ĺ			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1			
	any other officer, director, trustee, or key employee?	2		7	
3 Did the organization delegate control over management duties customarily performed by or under the direct					
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?				
_	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				
	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .				
	6 Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			,	
8	stockholders, or persons other than the governing body?	7b			
•	the year by the following:				
а	The governing body?	8a		~	
b	Each committee with authority to act on behalf of the governing body?	8b		~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	,	
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		~	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	ļ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	 _	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	40-	~		
13	Did the organization have a written whistleblower policy?	12c	~	-	
14	Did the organization have a written document retention and destruction policy?	14	_	1	
15	Did the process for determining compensation of the following persons include a review and approval by	17			
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		1	
b	Other officers or key employees of the organization	15b		~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16a		V .	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Secti	on C. Disclosure		L		
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	 501(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	(,	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.	erest	policy	/, and	
20	State the name, address, and telephone number of the person who possesses the organization's books and red Jim Peterson, 1817 Arcadia Drive, Lafayette, IN 47905	cords	>		

	., 1	,				,				
Form 990 (2018) The Greater Lafa	yette K	em	el 1	Uu	b,	Inc		356024	706	Page 7
Part VII Compensation of Officers, Direction	ectors, Ti	ruste	es,	Ke	y E	mplo	oye	es, Highest	Compensated	Employees, and
Independent Contractors										
Check if Schedule O contains a re	sponse or	note	to	any	line	e in th	nis	Part VII		<u> </u>
Section A. Officers, Directors, Trustees, Key	Employee	s, an	nd H	ligh	est	Com	per	nsated Employ	/ees	
la Complete this table for all persons required	to be list	ed. F	Repo	ort c	om	pens	atio	n for the cale	ndar year ending	g with or within the
organization's tax year.										
 List all of the organization's current office 								ividuals or orga	anizations), rega	rdless of amount of
compensation. Enter -0- in columns (D), (E), and	(F) if no co	mpe	nsat	ion	was	s paid	١.			
 List all of the organization's current key em 	ployees, if	any.	See	ins	truc	ctions	for	definition of "H	key employee."	
· List the organization's five current highes	t compens	ated	em	ploy	ees	(othe	er ti	han an officer,	director, trustee	e, or key employee)
who received reportable compensation (Box 5	of Form \	N-2 a	and/	or I	Box	7 of	Fo	rm 1099-MISC	c) of more than	\$100,000 from the
organization and any related organizations.										
 List all of the organization's former office 									mployees who	received more than
\$100,000 of reportable compensation from the c	organization	n and	any	rela	atec	i orga	ıniz	ations.		
• List all of the organization's former direct										tor or trustee of the
organization, more than \$10,000 of reportable co	ompensatio	on fro	m th	ne o	rga	nizatio	on a	and any related	l organizations.	
ist persons in the following order: individu		s or	dir	ecto	ors;	insti	tutio	onal trustees;	officers; key	employees; highest
compensated employees; and former such pers	ons.									
Check this box if neither the organization nor	any relate	d org	aniz	atıo	n c	ompe	nsa	ated any curren	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	,,,, <u>,</u>		Pos		a Abaa a		(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per week (list any	office				or/trust		compensation from	compensation from related	amount of other
	hours for	유급	ᇙ	Officer	<u></u>	₽.E	잘	the	organizations	compensation
	related	Individual trustee or director	Institutional	cer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호를	Se Se		횽	8 6	`	(W-2/1099-MISC)		organization and related
	line)	nust	1 2		8	ᇦ				organizations
		ee	trustee			Highest compensated employee	•	1		
			ٿ			Ted.				
					l					
(1) LAURA HOOSER	6		l							
PRESIDENT			L	1				0	0	0
(2) JANET MCCLEAN	2									
VICE PRESIDENT				~	<u> </u>	<u></u>	L	0	0	0
(3) ROSIE LERNER	5	•								
CORRESPONDING SECRETARY				~	<u> </u>		ļ	0	0	0
(4) KIM MCMUNN	2		ŀ		l			1		
RECORDING SECRETARY			<u> </u>	~				0	0	0
(5) JAMES PETERSON	6									
TREASURER			<u> </u>	~	ļ		_	0	0	0
(6) JUDY OXLEY	1		1					İ		
MEMBER DIRECTOR			<u> </u>	ļ	L		_	0	0	0
(7) DONNA JONES	1		1				ļ	ļ		
MEMBER DIRECTOR		~	L_		L			0	0	0
(8) EDIE LAWSON	1									
MEMBER DIRECTOR		-	<u> </u>					0	0	0
(9) MAUREEN TIMKO	1		1	١,						
MEMBER DIRECTOR		~	L					0	0	0
10)	 									
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11)										
				Ш			<u> </u>			
12)										
			<u> </u>	L						
13)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mpio	yees		nd ł C)	lighe:	st C	ompensated E	mployees	(continue	ed)		 -
,	40)	(D)			•	c) sition				_	1		_	
	(A) Name and title	(B) Average	<i>'</i> '		neck	mon	e than e		(D) Reportable	(E) Reportable			(F) matad	
	Maine and title	hours per					ıs bott or/trus		compensation	compensatio			mated ount of	
		week (list any hours for	——				1 1	<u>~</u>	from	related			ther	_
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)			ensatio m the	n
		organizations	ct a	tion	~	를	yee c	۳	(W-2/1099-MISC)		1	-	nizatio	
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3777		t	1											
1b	Sub-total		L			· .		┢						
C	Total from continuation sheets to Part		n A					•						
d	Total (add lines 1b and 1c)							·						
2	Total number of individuals (including but							e) w	ho received me	ore than \$1	00.000	of		,
-	reportable compensation from the organi							-,			00,000			
													Yes	No
3	Did the organization list any former of	ficer direc	tor c	r to	ust	AA	kev e	amn	lovee or high	est compe	ensated			
•	employee on line 1a? If "Yes," complete								noyee, or riigh			3		~
4	For any individual listed on line 1a, is the								nd other comm	oncation fr	om tha			
7	organization and related organizations													
	individual	greater th						., 				4		~
5	Did any person listed on line 1a receive of	r accrue co	mne	nsat	ion	froi	m anv	, un	related organiz	ation or inc	ividual			
•	for services rendered to the organization											5		~
Section	on B. Independent Contractors							****				التنا		
1	Complete this table for your five highest	rompensat	ed inc	dene	and		contr	acto	ore that receive	d more the	n \$100	nnn of		
•	compensation from the organization. Rep													av.
	year.	on compo	· ioutic	,,,,,	,	.00	a.o	<u>,</u>	roar origing wit		and orgo	ıı ıızacıc	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(A)							<u> </u>	(B)			(C)		
	Name and business add	ress							Description of s	ervices	С	ompens	ation	
~		 				-		T			 -	·		
								 						
														
								\vdash						
	1													
2	Total number of independent contractor	rs (includir	na bi	t n	ot I	imit	ed to) th	ose listed abo	ove) who	L			
_	received more than \$100,000 of compens									, *******				

Check if Schedule O contains a response or note to any line in this Part VIII . (B)
Related or
exempt
function
revenue (C) Unrelated business (D)
Revenue
excluded from tax (A) Total revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a Membership dues 1b c Fundraising events 1c d Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f. 2227 Program Service Revenue **Business Code** 2a **TRIALS & SHOWS** 900099 113045 113045 **CLASSES & SEMINARS** 900099 25743 25743 b **VARIOUS OTHER** 900099 1003 1003 C All other program service revenue. 139791 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 37 37 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (i) Real (ii) Personal 6a Gross rents . Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of 7a assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses Net income or (loss) from fundraising events C 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses Net income or (loss) from gaming activities . . . C 10a Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 11a b C All other revenue . . d Total. Add lines 11a-11d. 142055 Total revenue. See instructions 139828

The Greater Lafagette Kennel Club, Inc 35 6024706

	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nnlete all columns. A	Ill other organization	es must complete co	olumn (A)
- Circ	Check if Schedule O contains a respon			· · · · · ·	
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			• • • • • • • • • • • • • • • • • • • •	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages			,	
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees): Management				
b	Legal				
C	Accounting	150	150		
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	731	731		
13	Office expenses	33	33		
14	Information technology	294	294		
15	Royalties				
16	Occupancy	45351	45351		
17 18	Travel			, , , , , , , , , , , , , , , , , , ,	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5304 1616	5304 1616		
23 24	Insurance	1010	1010		
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				!
а	TRIAL & SHOW EXPENSES	79651	79651		
b	CLASSES & SEMINAR EXPENESE	2558	2558		
C	DONATIONS	500	500		
ď	MISC	43	43		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	136231	136231		ļ
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response of	r note i	to any line in this Pa	rt X		🔲
	•		_		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			21314	1	14581
	2	Savings and temporary cash investments			68640	2	82678
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co		sated employees.			
		Complete Part II of Schedule L		[5	
	6	Loans and other receivables from other disqualified pers	sons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
		sponsoring organizations of section 501(c)(9) volun					
ats		organizations (see instructions). Complete Part II of Sche		.	· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			3517	8	3395
	9	Prepaid expenses and deferred charges			3181	9	1050
	10a	Land, buildings, and equipment: cost or	1			1	
		other basis. Complete Part VI of Schedule D	10a	106005			
	b	•	10b	81153	24080		24852
	11	Investments—publicly traded securities		P		11	- · · · · · · · · · · · · · · · · · · ·
	12	Investments—other securities. See Part IV, line investments—program-related. See Part IV, line				12 13	· · · · · · · · · · · · · · · · · · ·
	13 14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			120732		126556
	17	Accounts payable and accrued expenses			120732	17	120330
	18	Grants payable		,	-	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen				·[
abi		disqualified persons. Complete Part II of Schedu	ule L	[22	
Ï	23	Secured mortgages and notes payable to unrela	ated thi	rd parties [23	
	24	Unsecured notes and loans payable to unrelated	d third i	oarties [24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	s 17–24). Complete Part X			
		of Schedule D		_		25	
	26	Total liabilities. Add lines 17 through 25	· · ·			26	
S		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		k here ► 🗌 and			
ĕ					100700		
<u>a</u>	27	Unrestricted net assets			120732		126556
Ä	28	Temporarily restricted net assets				28 29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 99				29	· · · · · · · · · · · · · · · · · · ·
Ē		complete lines 30 through 34.	, one	ok nore _ and			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	·
set	31	Paid-in or capital surplus, or land, building, or ed				31	
As	32	Retained earnings, endowment, accumulated in				32	
<u>fet</u>	33	Total net assets or fund balances			120732		126556
_	34	Total liabilities and net assets/fund balances .			120732	$\overline{}$	126556

Form 9	90 (2018) The Greater Latayette Kennel Club, Inc 35-6024706			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1 '	Total revenue (must equal Part VIII, column (A), line 12)	1		1.	42055
2	Total expenses (must equal Part IX, column (A), line 25)	2		\ 1	36231
3	Revenue less expenses. Subtract line 2 from line 1	3			5824
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1:	20732
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1:	26556
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain ın			ŀ
	Schedule O.				
2a			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led or	•		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لـــا
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis ·				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accoun		2c		L.,
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in		[;	
	Schedule O.				لــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

100

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 20**18**

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

tHE GREATER LAFAYETTE KENNEL CLUB, INC 35-6024706 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A)(B) (C) (D) (E) **Total**

Part	le A (Form 990 or 990-EZ) 2018 The Giv Support Schedule for Organiza				lus Inc	3576Q24	106 Page 3
	(Complete only if you checked th				nization failed	to qualify un	der Part II.
•	If the organization fails to qualify						
Secti	on A. Public Support					· · · · · ·	· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(-)		14451	2227	16678
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				130129	139791	269920
3	Gross receipts from activities that are not an unrelated trade or business under section 513	***			100127	10///	207720
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .				144580	142018	286598
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						286598
Secti	on B. Total Support				<u></u>		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				144580	142018	286598
10a	Gross income from interest, dividends, payments received on securities loans, rents,				27	37	64
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Unrelated business taxable income (less section 511 taxes) from businesses				27	37	64
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	-			27	142055 ar as a section	286662 n 501(c)(3)
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	е			144607 , or fifth tax ye	142055 ar as a section	286662 n 501(c)(3)
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	e t Percentag	e		144607 , or fifth tax ye.	142055 ar as a section	286662 n 501(c)(3)
11 12 13 14 Secti	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	re t Percentag s, column (f), d	e ivided by line 1	13, column (f))	144607 , or fifth tax ye	142055 ar as a section	286662 1 501(c)(3) ▶ ☑
11 12 13 14 Secti 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	t Percentag b, column (f), d redule A, Part	e ivided by line 1 III, line 15	13, column (f))	144607 , or fifth tax ye	142055 ar as a section	286662 501(c)(3) • •
11 12 13 14 Secti 15 16 Secti	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	t Percentag d, column (f), d ledule A, Part come Perce	e ivided by line 1 III, line 15 . ntage	13, column (f))	144607 , or fifth tax ye.	142055 ar as a section	286662 1 501(c)(3) • • •
11 12 13 14 Secti 15 16 Secti 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	t Percentag d, column (f), d dedule A, Part come Percel ine 10c, colum	e ivided by line 1 III, line 15 ntage nn (f), divided b	13, column (f))	144607 , or fifth tax ye.	142055 ar as a section 	286662 1 501(c)(3)
11 12 13 14 Secti 15 16 Secti 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	t Percentages, column (f), dedule A, Part come Perceine 10c, column Schedule A, i zation did not and stop here.	ivided by line 1 III, line 15 ntage In (f), divided be art III, line 17 check the box	oy line 13, colum. oy line 13, colum. on line 14, aron qualifies as a	144607 , or fifth tax ye	142055 ar as a section	286662 501(c)(3)
11 12 13 14 Secti 15 16 Secti 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	t Percentage, column (f), dedule A, Part come Perceline 10c, column Schedule A, Ization did not and stop here. ation did not cox and stop h	e ivided by line 1 III, line 15 ntage nn (f), divided be rart III, line 17 check the box The organization heck a box on ere. The organization	ny line 13, column (f)) y line 13, column on line 14, are on qualifies as a line 14 or line 1 ization qualifies	144607 , or fifth tax ye mn (f)) ad line 15 is more a publicly suppo	142055 ar as a section	286662 501(c)(3) > ✓ % % % , and line on > □ 31/3%, and cation > □

Schedule A (Form 990 or 990-EZ) 2018

Schedu	o D (Form 990) 2018 The Greater	r Lafayette	Kenn	el Uu	b, Inc	35-	6024706			age 2
Par	Organizations Maintaining									
3	Using the organization's acquisition, a	ccession, and of	her reco	rds, chec	k any of the	ne follov	wing that are a	significar	nt use	of its
•	collection items (check all that apply):									
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams			
b	☐ Scholarly research									
С	☐ Preservation for future generations			_						
4	Provide a description of the organizati		and expla	ain how t	hev further	the or	anization's ex	empt purc	ose in	Par
_	XIII.									
	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							′es 🗀] No
Pari	Complete if the organization 990, Part X, line 21.	answered "Yes					•		n Forr	n
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es [] No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing t	able:					
								Amount		
С	Beginning balance					10	;			
d	Additions during the year					10	1			
е	Distributions during the year					16	;	_		
f	Ending balance					11		<u>-</u>		
2a	Did the organization include an amoun					ustodia	l account liabil	ity? 🗆 Y	es 🗀	No
b	If "Yes," explain the arrangement in Pa							-	-	 1
Par					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. p				
	Complete if the organization	answered "Yes	" on For	m 990. l	Part IV. lin	e 10.				
		(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Fou	ır years t	back
1a	Beginning of year balance		····		., .,			.,,	,	
b	Contributions			• • • • • • • • • • • • • • • • • • • •						
C	Net investment earnings, gains, and losses								1-2-	
d	Grants or scholarships									
	· • • • • • • • • • • • • • • • • • • •	**************************************	<u></u>							
e	Other expenditures for facilities and									
_	programs									
f	Administrative expenses						·			
g	End of year balance		L		<u></u>					
2	Provide the estimated percentage of the	ne current year er	id balanc	e (line 1g	, column (a	a)) held	as:			
а	Board designated or quasi-endowmen	t ▶	_%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2	•								
3a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held	and ad	ministered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related or							. 3b		
4	Describe in Part XIII the intended uses	_	•						٠	
Part				····						
	Complete if the organization		" on For	m 000 I	Part IV lin	و11 م	See Form 99	n Part Y	line 1	n
							<u> </u>			
	Description of property	(a) Cost or ot (investm		1	or other basis ther)		Accumulated epreciation	(a) Ro	ok value	
	Land			 		 				
1a	Land	<u> </u>				 				
b	Buildings	<u> </u>		ļ		 				 -
C	Leasehold improvements	 	5334	 		ļ	2731			2603
d	Equipment		100671			ļ	78422		2	2249
ее	Other									
Takal	Add lines to through to (Calumn (d) m	Came O	00 0-4		101 11	n - 1				40E2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

THE GREATER LAFAYETTE KENNEL CLUB, INC	35-6024706
01. FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11)	
THE CLUB REQUIRES THAT POTENTIAL CONFLICTS OF INTEREST BE STATED REGARDING ANY PA	AYMENTS TO ANY
CONTRACTORS FOR SERVICES.	
02. CONFLICT OF INTEREST POLICY COMPLIANCE (PART VI, LINE 12C)	
THE CLUB MONITORS THE POLICY ONGOING	
02. GOVERNING DOCUMENTS, ETC, AVAILABLE TO PUBLIC (PART VI, LINE 19)	
DOCUMENTS ON THE POLICY RE AVAILABLE UPON REQUEST.	