

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. **1905**

A For the 2018 calendar year, or tax year beginning June 1, 2018, and ending May 31, 2019	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization LAWRENCEVILLE KENNEL CLUB Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 751 City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, GA 30046-0751
D Employer identification number 58-1416244	
E Telephone number 770-466-2062	
F Group Exemption Number ▶	
G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶	
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶	
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 125,514	

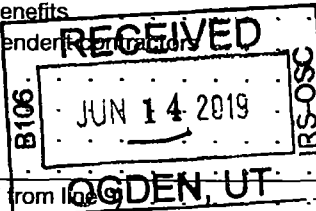
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																																																																					
Check if the organization used Schedule O to respond to any question in this Part I ☒																																																																					
Revenue	<table border="1"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>0</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>122,034</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>1,558</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>22</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td>0</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td>0</td></tr> <tr><td>6</td><td>Gaming and fundraising events:</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td>0</td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td>0</td></tr> <tr><td>c</td><td>Less: direct expenses from gaming and fundraising events</td><td>6c</td><td>0</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>0</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost of goods sold</td><td>7b</td><td>0</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td>0</td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td>1,900</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>125,514</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	0	2	Program service revenue including government fees and contracts	2	122,034	3	Membership dues and assessments	3	1,558	4	Investment income	4	22	5a	Gross amount from sale of assets other than inventory	5a	0	b	Less: cost or other basis and sales expenses	5b	0	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6	Gaming and fundraising events:			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	c	Less: direct expenses from gaming and fundraising events	6c	0	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	7a	Gross sales of inventory, less returns and allowances	7a	0	b	Less: cost of goods sold	7b	0	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8	Other revenue (describe in Schedule O)	8	1,900	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	125,514
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Expenses	<table border="1"> <tr><td>10</td><td>Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td>3,000</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td>0</td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td>0</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td>1,933</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td>19,875</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td>376</td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O)</td><td>16</td><td>80,113</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16</td><td>17</td><td>105,297</td></tr> </table>	10	Grants and similar amounts paid (list in Schedule O)	10	3,000	11	Benefits paid to or for members	11	0	12	Salaries, other compensation, and employee benefits	12	0	13	Professional fees and other payments to independent contractors	13	1,933	14	Occupancy, rent, utilities, and maintenance	14	19,875	15	Printing, publications, postage, and shipping	15	376	16	Other expenses (describe in Schedule O)	16	80,113	17	Total expenses. Add lines 10 through 16	17	105,297																																				
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Net Assets	<table border="1"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>20,217</td></tr> <tr><td>19</td><td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td><td>19</td><td>126,446</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>0</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20</td><td>21</td><td>146,663</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,217	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	126,446	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	146,663																																																				
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)

SCANNED SEP 03 2019



Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	122,665	22 142,882
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	3,871	24 3,781
25 Total assets	126,446	25 146,663
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,446	27 146,663

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **Kennel Club providing dog shows & training to the public.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Provided to the public an American Kennel Club (AKC) dog confirmation show in August. In addition, we provided to the public an American Kennel Club (AKC) Obedience Trial, and a Rally Trial. Approximately 1,330 entrants and numerous visiting public were involved in the show. (Grants \$) If this amount includes foreign grants, check here ☐	28a	34,169
29 Provided to the public two American Kennel Club (AKC) dog confirmation shows in May. In addition, we provided to the public two American Kennel Club (AKC) Obedience Trials and two Rally Trials. Approximately 2,362 entrants and numerous viewing public were involved with these shows. (Grants \$) If this amount includes foreign grants, check here ☐	29a	45,233
30 We provided to the public five to six (5 > 6) week long dog training classes. There were a total of 157 dogs entered in these classes. We also provided Canine Good Citizen (CGC) testing for those completing the classes. (Grants \$) If this amount includes foreign grants, check here ☐	30a	276
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	435
32 Total program service expenses (add lines 28a through 31a)	32	80,113

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Judy Wilson, President 200 Hayward Lane, Lawrenceville, GA 30044	4	0	0	0
George Cooper, Vice President 1616 Scholar Drive, Lawrenceville, GA 30044	2	0	0	0
Sherri Kent, Secretary P.O. Box 1263, Grayson, GA 30017	2	0	0	0
Susan Saulvester, Treasurer 2502 Camp Mitchell Road, Grayson, GA 30017	8	0	0	0
Liz Hallsworth, Board of Directors 5425 Forrest Falls Drive, Loganville, GA 30052	1	0	0	0
Bob LaBerge, Board of Directors 3862 Morgans Ridge Drive, Buford, GA 30519	1	0	0	0
Carol Ochs, Board of Directors 3256 Alcazar Drive, Lilburn, GA 30047	1	0	0	0
Barbara Reichenbach, Board of Directors 601 Wilbanks Street, Buford, GA 30518	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 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		✓
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		
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. ▶ 770-466-2062		
Located at ▶ 2502 Camp Mitchell Road, Grayson, GA ZIP + 4 ▶ 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 account)? 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 ▶		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI Section 501(c)(3) Organizations Only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		☒

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		☒

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		☒

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Susan Saulvester Date 6-10-19
Type or print name and title Susan Saulvester, Treasurer

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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**

Name of the organization

LAWRENCEVILLE KENNEL CLUB

Employer identification number

581416244

Part I - Line 8 - Other Revenue

Self Instruction Fees	285
CGC Test Fees	220
Scent Detection Seminar	885
Trick Dog	375
Training Equipment Sales	355
Total Other Revenue	1,900

Part I - Line 10 - Grants & Similar Amounts Paid

ARCH Foundation for the University of Georgia, 501D West Brooks Drive, Athens, GA 30602	3,000
Total Grants & Seminars Paid	3,000

Part II - Line 24 - Other Assets - Dog Training Equipment 3,871

Part II - Other Program Services - Line 31

Monthly Meeting Hospitality	349
Sympathy Cards, Flowers & Donations	86
Total Other Program Services	435