

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return.
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
 GREATER LOUISVILLE ASSOCIATION OF
 HEALTH UNDERWRITERS
 12730 TOWNEPARK WAY #202
 LOUISVILLE, KY 40243-2303

D Employer identification number

43-1980331

E Telephone number

502-244-6699

F Group Exemption Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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

▶ \$ 60,781.

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	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	52,499.
	3	Membership dues and assessments	3	8,282.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events.		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 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	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c and 8	9	60,781.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	27,300.
	14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	119.	
16	Other expenses (describe in Schedule O)	16	24,275.	
17	Total expenses. Add lines 10 through 16	17	51,694.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,087.
	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	56,147.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	65,234.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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		X
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.		X
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)?		X
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. N/A		
section 4911 39a N/A, section 4912 39b N/A, section 4955 39c N/A		
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 40b 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40c 0.		
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		X
41 List the states with which a copy of this return is filed 41 None		

	Yes	No
42a The organization's books are in care of 42a <u>GAYLE PRESCOTT</u> Telephone no 42a <u>502-244-6699</u> Located at 42a <u>12730 TOWNEPARK WAY STE 202 LOUISVILLE KY</u> ZIP + 4 42a <u>40243</u>		
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 42b		X
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		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

	Yes	No
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 ☐ N/A		N/A
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		X
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		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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		X
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		X

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		X

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		
49 a		
49 b		

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

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

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

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 **▶** Gayle H. Prescott Signature of officer **▶** 11-6-2019 Date

▶ Gayle H. Prescott, Executive Director Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LARRY M. EDWARDS	Preparer's signature <u>Larry M. Edwards</u>	Date 10-30-19	Check ☒ if self-employed	PTIN P01207051
Firm's name ▶ Larry M. Edwards, CPA			Firm's EIN ▶	
Firm's address ▶ 8516 Glendale Trace Louisville, KY 40291			Phone no (502) 736-1335	

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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**GREATER LOUISVILLE ASSOCIATION OF
HEALTH UNDERWRITERS

Employer identification number

43-1980331

Form 990-EZ, Part I, Line 16
Other Expenses

COMMUNITY SERVICE DONATION	\$	250.
Conferences, Conventions, and Meetings		20,221.
MEETING EXPENSE		1,922.
Office Expenses		1,533.
OTHER		349.
Total	\$	24,275.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
DUE FROM KAHU	\$ 3,164.	\$ 3,164.
Total	\$ 3,164.	\$ 3,164.

Form 990-EZ, Part III - Organization's Primary Exempt PurposeADVANCE THE PROFESSIONALISM OF ITS MEMBERS AND IMPROVE THE QUALITY OF THE HEALTH
INSURANCE INDUSTRY**Form 990-EZ, Part IV**
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
SANDRA HALLIBURTON Director	2	\$ 0.	\$ 0.	0.
PATRICIA PETTER Director	2	0.	0.	0.
GREG SCHELL Director	2	0.	0.	0.
GRIFFIN MEREDITH Director	2	0.	0.	0.
ZACH REDMAN Director	2	0.	0.	0.
ASHLEY SULLIVAN Director	2	0.	0.	0.
BEN BYRNE SEC/TREAS	2	0.	0.	0.

Name of the organization **GREATER LOUISVILLE ASSOCIATION OF
HEALTH UNDERWRITERS**

Employer identification number
43-1980331

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compensation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
VALERIE REEVES PAST PRESIDENT	2	\$ 0.	\$ 0.	\$ 0.
CHELSEY MINCH Director	2	0.	0.	0.
JOHN JENNINGS PRESIDENT ELECT	2	0.	0.	0.
BRANDON EMBRY Director	2	0.	0.	0.
ROY MATTINGLY Director	2	0.	0.	0.
MINDY FARNSLEY President	2	0.	0.	0.
TODD LAMPKIN Director	2	0.	0.	0.
JACOB MCGEE Director	2	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.