

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: SALUKI CLUB OF AMERICA
Number and street (or P O box, if mail is not delivered to street address): 3582 Bryce St
Room/suite: _____
City or town, state or province, country, and ZIP or foreign postal code: Cocoa, FL 32926

D Employer identification number: 24-6025076
E Telephone number: (321) 537-7464
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: www.salukiclub.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 92,216**

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0				
2	Program service revenue including government fees and contracts	2	82,631				
3	Membership dues and assessments	3	9,585				
4	Investment income	4	0				
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	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,216				
10	Grants and similar amounts paid (list in Schedule O)	10	0				
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	0				
14	Occupancy, rent, utilities, and maintenance	14	4,933				
15	Printing, publications, postage, and shipping	15	8,429				
16	Other expenses (describe in Schedule O)	16	66,491				
17	Total expenses. Add lines 10 through 16	17	79,853				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,363				
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	68,609				
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	80,972				

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	68,609	22 80,972
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	68,609	25 80,972
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)	68,609	27 80,972

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?
 The Saluki Club of America, Inc (SCOA) is recognized by the American Kennel Club (AKC) as the parent club for the Saluki, which is a breed of dog. Objects of the club are set for in Section 2 of Constitution, sections as follows: The object of the Club shall be a further the advancement of purebred Salukis & do all possible to bring their qualities to perfection; b encourage the organization of independent local Saluki Specialty Clubs in the localities where there are sufficient fanciers of the breed to meet the requirements of the AKC; c promulgate the Standard of the Breed as approved by AKC as the only Standard of Excellence by which Salukis shall be judged; d do all in its power to protect and advance the best interests of the breed and encourage sportsmanlike competition at dog shows & other activities approved by or regulated by the Club or AKC; e conduct functions under the guidelines of AKC. The purpose is the protection, preservation & advancement of the Saluki.

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 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 0

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
Brian Duggan President	5	0	0	0
Katie Souder Vice President	5	0	0	0
Sharon Walls Treasurer	10	0	0	0
Jennifer Rimerman Recording Secretary	3	0	0	0
Jessica Dixon Corresponding Secretary	3	0	0	0
Diane Divin Board of Directors	1	0	0	0
Patsy Hoy Board of Directors	1	0	0	0
Peter Ortiz Board of Directors	1	0	0	0
Pam Arwood Board of Directors	1	0	0	0
Wanda Sirianni Board of Directors	1	0	0	0
Monica Stoner AKC Delegate	5	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

Table with 3 columns: Question, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Sharon Walls Telephone no (775) 475-0250 Located at 100 Wrangler Road Reno, NV ZIP + 4 89510

Table with 3 columns: Question, Yes, No. Rows include 42b, 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 43

Table with 3 columns: Question, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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		No

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

		Yes	No
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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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 complete Schedule A

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, 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
▶ Sharon Walls Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
Firm's name ▶	
Firm's address ▶	

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 24-6025076

Name: SALUKI CLUB OF AMERICA

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 In order to fulfill it's objectives, the SCOA holds 4 to 6 events each year The largest of these is our National Specialty At this event, the SCOA holds educational seminars, exhibitions of Salukis from there country of origins, costumes classes, obedience, agility and rally trials, and performance events including lure coursing There are two Meet the Breed functions that the club participates yearly</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(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.

▶ 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**

Department of the Treasury

Name of the organization
SALUKI CLUB OF AMERICA

Employer identification number

24-6025076

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Program operating expenses to put on an annual Agility Trial, Desert Bred Exhibition, Regional Specialty Shows, National Specialty Show, Futurity, and Lure Coursing events Include application and recording fees, rosettes/trophies, judge expense, hospitality expense, insurance, trophy maintenance