

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation;

Open to Public

		ue Service	<u> </u>	<u>_</u>		ave to use a co	py of this	return to	<del></del>	<del></del>	quiremen	ts.		aspection
A FO	r the	2009 calenda	r year, or						, 2009, and	enaing			, 2	
B Ch	Check if applicable  Please use IRS label or  Address change  C Name of organization CARROLL KENNEL CLUB  Doing Business As									— '		r identification no.		
Ad											52-605			
7	me cha	•	print or type.		•	box if mail is not de	livered to str	reet address	)	Roc	m/suite	ľ	Telephor	ne number 374-9379
===	ial retu		See Specific		OX 2028				<del></del>					
7	rminate		Instruc- tions	1 .	state or country ster, MD	=						ľ	Gross re	10,894
	nended	P	<u> </u>	<u> </u>		21136		• .					-	10,034
Ар	plicatio	n pending	r Name	and address of p	principal officer					H(a	ls this a gi affiliates?	roup retu	ım for	Yes X No
		1	V   501/2) (	4 ) <b>◀</b> (inse	nd no )	4947(a)(1) or	527			НО				Yes No
	ebsete	pt status [2]  N/A	<u>A</u> 301(c) (	7 ) 4 (mse	<del>((10)</del>	] 4347(B)(1) (A				H(c	If "No," att	ach a lis	it (see instr	uctions)
		<del></del>	Corporation	Trust	Association	Other >		1.	Year of formation				I domicile	MD
Part		Summan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									a
L. 311.	1			ganization's r	nission or m	ost significant	activities	DO	G SHOWS &	OBEDIE	NCE TR	AINI	NG	
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A C G			<del></del>			· · · · · · · · · · · · · · · · · · ·								
t o		-												
. v	2	Check this bo	ox 🕨 🗆	f the organiza	ation discont	inued its opera	tions or₁-d	isposed_o	f more than 2:	5% of its r	et assets			***************************************
1 0	3					dy (Part VI, line	-	· R.	FEME	1		3		(
l д e п	4	Number of in	depende	nt voting mer	nbers of the	governing bod	y (Part VI,	I <del>ne-1b</del> )	APIAE	u		4		
5 C	5	Total number	r of emplo	yees (Part V	, line 2a) •		0		*			5		
<b>_</b>	6	Total number	r of volunt	leers (estima	te if necessa	ary) · · · ·	5	. API	₹. 2 <b>g</b> . 261	10 10		6		
2016	7a	Total gross u	ınrelated l	business revo	enue from P	art VIII, column	(C), line	12	2000	မ္က		7a		(
300	b	Net unrelated	d busines	s taxable inco	ome from Fo	orm 990-T, line	34	<u>· ĈĜ</u>	The state of		• • • • •	7b	<u> </u>	
									BEN, U		Pnor Year		C	urrent Year
×	8	Contributions	s and grai	nts (Part VIII,	line 1h) -					•			<u> </u>	
<b>Ş</b> v	9	Program serv	vice rever	nue (Part VIII	, line 2g) •	• • • • • •	• • • • •			•		880	<del></del>	780
n	10					3, 4, and 7d)				•		1,727	<del></del>	795
	11	Other revenu	ue (Part V	III, column (A	N), lines 5, 60	d, 8c, 9c, 10c, a	ind 11e)		• • • • • •	٠		7,947		9,319
201	12					qual Part VIII, c					10	,554	<u> </u>	10,894
SCANNED MAY 2	13					nn (A), lines 1-	3) • • •			•				·
€ E	14	Benefits paid to or for members (Part IX, column (A), line 4)									9			
<i>&gt;</i> ) × (	15						ımn (A), lı	ines 5-10)	• • • • •	•				
e				•		(A), line 11e)	• • • • •			•				
8		Total fundran	• .	•	•	·· -			0	·		1 700		
e 3	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)							4,709			5,47		
	18							25) • • •		`		5,845		5,470
	19	Revenue les	s expense	es Subtract	line 18 from	line 12 • • •	<del>• • • • •</del>			1			+	5,418
Net Assets	20	Tatal assats	/Dad V 1	no 16\						Beginni	ng of Current	Year 5,755		ind of Year 101,173
or Fund	20 21	Total assets Total liabilitie	•	•						<u>:</u>			1	101,172
Bal-	22	Net assets of	•	. ,	ract line 21 f	rom line 20				<u> </u>	91	5,755	;	101,173
ances					act mic 211	10111 11110 20						,	1	
Par		Signatu Under penaltie			have examined	this return, includin	accompany	vina schedul	es and statement	s, and to the	best of my k	nowledg	e	
		and belief, it is	s true, correc	t, and complete	Declaration of	preparer (other than	officer) is b	ased on all i	nformation of whi	ch preparer i	as any know	/ledge		
Sign				1		% +_							4//	20/10
Here		Signatur	re of officer	er ear f		- G	. 9	~				Da		
11010	,		1000	MRE	V.	マリングド	TIM		REASO	URES	2			
		Type or I	print name a	and title			-	·	<u> </u>	11,000				· · · · · · · · · · · · · · · · · · ·
		Preparer's						Date		heck if			entifying nur	nber
Deta		signature				0	_			elf- mployed	X see	instructio	ons)	
Paid	raria	·	` /<	sout	A. K	Jasur (	CPA	04-17-		F1-3				
Prepa Use O		Esemia s === :	(Dr. uc.::::	ROBER'	T A ROS	SI CPA	<del></del> -		<del></del>	EIN	<b>•</b>			
J38 U	,	Firm's name ( if self-employe	ed)	1511	SYCAMORE	TERRACE								
		address, and	ZIP + 4	York,	PA 1740	3				Phone	no ▶ 71	7-84	9-5235	
May th	ne IRS	S discuss this	return wil	th the prepar	er shown ab	ove? (see instr	uctions)						· • • X	Yes No

<u>Pa</u>		ement of Program Service	Accomplishments										
1	Briefly describe	the organization's mission			,								
	DOG SHOWS	& OBEDIENCE TRAINING											
	·-·-												
2	Did the organiza	ation undertake any significant progi	am services during the year which were not	t listed on									
					98 X No								
	•	e these new services on Schedule (											
3			nificant changes in how it conducts, any pro	ogram									
					es X No								
		e these changes on Schedule O		L_J •									
4			h of the organization's three largest program	n services by expenses									
•	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and												
			ue, if any, for each program service reported										
	anocations to of	thers, the total expenses, and reveni	de, il ally, for each program service reporter	,									
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	\								
<b>→</b> a	(Code	(Expenses 4	including grants of \$	) (Keveride \$									
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4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)								
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4.	<u> </u>	\ (5	and the second of C	\ (D	<del></del>								
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	··············								
		<del></del>	<u> </u>										
		*											
					<del></del>								
		***************************************											
4d	Other program :	services (Describe in Schedule O )		· · · · · · · · · · · · · · · · · · ·									
	(Expenses \$	including gr	ants of \$ ) (Reve	enue \$									
4e	<del></del>	service expenses	7 (1.000	,									
	. July program s	2017/00 0APO/1303 P	<u>.</u>										

Form 990 (2009)

CARROLL KENNEL CLUB

52-6051303

Page 2

**Checklist of Required Schedules** 

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
-	complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	İ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		<u>X</u>
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		v
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			X
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11		X
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		. [	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
19	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes." complete Schedule F. Part II	45	1	
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> X</u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	46		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u> X</u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u>X</u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{\lambda}{X}$
			1	

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...... 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ....... 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 employees? If "Yes," complete Schedule J ............. Х 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 through 24d and complete Schedule K If "No," go to line 25 Х 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 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) 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 X b 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? If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M • • • • • 29 Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O ...........

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		ļ .	
	gaming (gambling) winnings to prize winners?	1c		
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		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			•
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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			Ī
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			İ
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
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).		,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			ļ
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	<b></b>	<b> </b>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	organization, management, mana	-	-	
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, fine 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ••••••••••••••••••••••••••••••••••••			
11	Section 501(c)(12) organizations. Enter		'	
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
-	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<del>-</del> _		<b></b> -

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ................... Х 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? 3 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X Did the organization become aware during the year of a material diversion of the organization's assets? 5 X Does the organization have members or stockholders? ........... X Does the organization have members, stockholders, or other persons who may elect one or more members X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • • 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X b Each committee with authority to act on behalf of the governing body? 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 ........ X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) No 10a Х If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Х Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ........................ Х 13 Does the organization have a written whistleblower policy? Х 14 Does the organization have a written document retention and destruction policy? ......... 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization . . . . . . . . . . . . . 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions ) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Own website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public

organization ▶ THEODORE MARTIN (410) 374-9379

2604 MINDI DRIVE Manchester, MD 21102

52-6051303

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 $\overline{X}$  Check this box if the organization did not compensate any current officer, director, or trustee (C) (D) Œ) Œ Position (check all that apply) Name and Title Average Reportable Reportable Estimated H c e i o m g m p i e e o s n y t s e i e compensation hours per 1 t d K e y compensation amount of īŧ P . o r m from from related week other the organizations compensation e m p l o ye e (W-2/1099-MISC) omanization from the (W-2/1099-MISC) organization and related a o organizations e SEE ATTACHED

	(A)	(B)			(	C)			(D)	(E)			(F)	•
	Name and Title	Average hours per week	Posil I t d nridur i s e v t c i e t d e o u r a o	I t nr su t s t t	0-1-0	All the year of year o	ey employeest at ed	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organization		on in d	
					L									
			ļ		<u> </u>	ļ								
						<u> </u>								
						ļ 								
					<u> </u>			<u> </u>						
							<u></u>							
	-	•												
1b	Total								C		0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those listed	d abov	e) w	ho r	eçei	ved m	ore t	han \$100,000 in		0			
3	Did the organization list any former officer, director of	or trustee, kev	emplo	vee	or h	nahe	est con	nper	nsated			7	Yes	No
	employee on line 1a? If "Yes," complete Schedule J					_					••  :	3		Х
4	For any individual fisted on line 1a, is the sum of rep	ortable compe	ensatio	n ar	nd ot	her	compe	nsa	tion from			$\neg$	$\Box$	
	the organization and related organizations greater th												ŀ	
_	individual									• • • • • •	·	4	<b></b> -∤	<u>X</u>
5	Did any person listed on line 1a receive or accrue co services rendered to the organization? If "Yes," com	•		•			-				.   ,	5	i	х
Sec	ction B. Independent Contractors		-	-					· · · · ·	·				
1	Complete this table for your five highest compensate	ed independer	t contr	racto	ors th	nat r	eceive	d m	ore than \$100,000	of				
	compensation from the organization													
	(A) Name and business addre	ss							(B) Description of s	ervices	Cc		C) nsation	
		-							+					
		· · · · · · · · · · · · · · · · · · ·												
2	Total number of independent contractors (including to more than \$100,000 in compensation from the organization)		to tho	se li	sted	abo	ve) wh	o re	ceived		•			

Part \	////	Statement of Revenue							
,						(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · ·	• • • 1	1a					
	b	Membership dues · · · · · ·	$\cdots$ []	1b		]			
Contri- butions,	С	Fundraising events · · · · ·	• • • •	1c		]		-	
geftst,	d	Related organizations · · · · ·	• • • •	1d			:		
grants	0	Government grants (contributions)	• • • 🖸	10			:		
and other similar	f	All other contributions, gifts, grants and similar amounts not included a		1f	•				
amounts	Я	Noncash contributions included in	lines 1a-1	f. \$		1			
	h	Total. Add lines 1a-1f · · · ·			• • • • • •	1			
					Business Code				
	2a	DUES				780	780	•	
	ь			_					
Program	c			- H					
Service Revenue	d			-					
	e			_  -					
	•	All other program service revenue		⊢					
		Total. Add lines 2a-2f · · · · ·		_		780			<del></del>
		Investment income (including divide							•
	3	other similar amounts) • • • • •				795	795		
	4	Income from investment of tax-exer			•				
	5	Royalties - · · · · · · · · ·							
	•	,	(ı) Real		(ii) Personal	, •			
	6a	Gross Rents · · · · · ·	(i) Near		(ii) i ci soniai	·	• •	<b>;</b>	• * .
		Less rental expenses · · · ·		$\dashv$		,	• (	,	
		Rental income or (loss) · · ·				1 / 1			
		Net rental income or (loss) · · ·					ا ۱ ، ۱ ، ۱ ، ۱		
			(ı) Securities		(II) Other		, ,		
	/a	Gross amount from sales of assets other than inventory	(i) Securides	#	(ii) Ouler				
o	b	Less cost or other basis and sales expenses · · ·						,	
t		Gain or (loss)			··		t + •		
h	1	Net gain or (loss) • • • • • •	• • • • •	• • •	· · · · · • •				
ř	8a	Gross income from fundraising						'	' <u>.</u> .
		events (not including \$		.				`	
R 9 :		of contributions reported on line 1c	)			,	_	``	
٧		See Part IV, line 18 · · · · ·	• • • • •	a  _			ı		
e n		Less direct expenses · · · ·	• • • • •	b [_		, ,			
ü		Net income or (loss) from fundraisii	-	• :-	• • • • • •				
0	9a	Gross income from gaming activitie							
		See Part IV, line 19 · · · · ·	• • • •	a		-	- '		
		Less direct expenses · · · · ·	• • • • •	ь					
	С	Net income or (loss) from gaming a	ctivities	• • •	· · · · · <b>&gt;</b>		· · · · · · · · · · · · · · · · · · ·	· <del></del>	
	10a	Gross sales of inventory, less returns and allowances • • • •		a				_	
	b	Less: cost of goods sold		ь Г		]			
	С	Net income or (loss) from sales of i	nventory		• • • • • •	1			
		Miscellaneous Revenue	-	$\overline{}$	Business Code				-
	11a	OBEDIENCE EVENTS			-	9,319	9,319		
	ь			_					
	С			$ \vdash$			_		
	d	All other revenue · · · · · ·		-					
	е	Total. Add lines 11a-11d • • •			• • • • • •	9,319			
	12	Total revenue. See instructions				10,894		C	(

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	<del></del>			
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				<del></del>
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			}	
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees			I	
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
8	Pension plan contributions (include section 401(k)				· · · · · · · · · · · · · · · · · · ·
	and section 403(b) employer contributions) · · · · ·			ļ	
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)	····			·
а	Management · · · · · · · · · · · · · · · ·			1	
b	Legal····				
С	Accounting	175		175	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 •				<del></del>
f	Investment management fees · · · · · · · · ·		,		<del></del>
g	Other	- 1/			<del></del>
12	Advertising and promotion				
13	Office expenses · · · · · · · · · · · · · · · · · ·	349		349	
14	Information technology • • • • • • • • • • • • • • • • • • •				
15	Royalties				<del></del>
16	Occupancy				<del></del>
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · ·	1,156	1,156		
20	Interest · · · · · · · · · · · · · · · · · · ·		_,		
21	Payments to affiliates · · · · · · · · · · · · · · · · · · ·				
22	Depreciation, depletion, and amortization			-	
23	Insurance			· · · · · · · · · · · · · · · · · · ·	
.s 24	Other expenses litemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )			ŀ	
а	AWARDS	141	141		
b	INSURANCE	1,892	-771	1,892	
c	SUSHINE	271	271	-, -, -, -	
d	MISCELLANEOUS	1,492	1,492		
e		-/ 432	-/-32		7.7.7
f	All other expenses				<del></del>
5	Total functional expenses. Add lines 1 through 24f	5,476	3,060	2,416	0
6	Joint Costs. Check here	3,470	3,000	2,410	
-	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	Ì			
	numeralsum solicitation		·		

	(2009) CARROLL RENNEL CLOB		2-60513	03 Page
art X	Balance Sheet	/A\	1 1	(P)
		(A)		(B)
<del>-                                    </del>	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	Beginning of year		End of year
	Cash han whereast searing	36,915	1	41,53
		58,840	2	59,63
3	F		3	
1 2			4	
5	· · · · · · · · · · · · · · · · · · ·			
ļ	employees, and highest compensated employees. Complete Part II of		_	
_ ا	Schedule L · · · · · · · · · · · · · · · · · ·		5	
6				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L · · · · · · · · · · · · · · · · · ·	<del> </del>	6	
7			7	
8			8	
9	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	9	
10			ł ]	
	other basis Complete Part VI of Schedule D · · · · · 10a			
	b Less accumulated depreciation · · · · · · · · · 10b		10c	
11	' '	·	11	•
12		· · · · · · · · · · · · · · · · · · ·	12	
13		····	13	·
14		<del></del>	14	
15			15	
16		95,755	16	101,1
17		·	17	
18			18	<u></u>
19			19	
20			20	
21	, · ·		21	· <del>-</del>
22	,		-	
	employees, highest compensated employees, and disqualified			
İ	persons Complete Part II of Schedule L		22	
23			23	
24			24	
25		<del>-</del> .	25	
26		0	26	
	Organizations that follow SFAS 117, check here ▶ 🗓 and			
=	complete lines 27 through 29, and lines 33 and 34.			
27		95,755	27	101,17
28	• • • • • • • • • • • • • • • • • • • •		28	
29			29	
3	Organizations that do not follow SFAS 117, check here			
	and complete lines 30 through 34.		<u> </u>	
30	Capital stock or trust principal, or current funds		30	
31			31	
32	Retained earnings, endowment, accumulated income, or other funds •••••••		32	
B 33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · [	95,755	33	101,17
34	Total liabilities and net assets/fund balances	95,755	34	101,17

## List of Officers & Directors Carroll Kennel club Inc

### Form 990 Information

	Name & Address	Column B	Column C	Column D	Column E
President:	Lynne Beard 44 Hillside Ct. Westminster, MD 21157	0	0	0	0
Vice President:	Paul Clas 11025 Old Frederick Rd. Thurmont, MD 21788	0	0	0	0
Treasurer:	Thedore Martin 2604 Mindi Drive Manchester, MD 21102-1806	0	0	0	0
Recording Secretary:	Lori Eichstedt 5163 Bartholow Rd. Sykesville, MD 21784	0	0	0	0
Corresponding Secretary:	Peggy Faith 1810 Evelyns Drive Westminster, MD 21157	0	0	0	0
Board Members:	Deborah Smart 409 Dove Lane Hampstead, MD 21074	0	0	0	0
	Sherry Seibel 2012 W. Liberty Rd Westminster, MD 21157	0	0	0	0
_	Andra Hockensmith 824 Hughes Shop Rd. Westminster, MD 21158	0	0	0	0
	Patricia Burgland 2445 Snydersburg Rd. Hampstead, MD 21074	0	0	0	0