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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)

2013

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

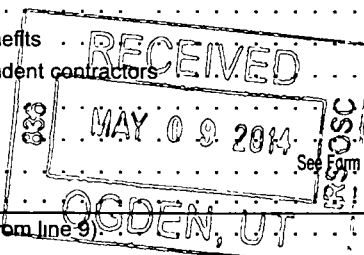
Form 990-EZ header section including: A For the 2013 calendar year, or tax year beginning, 2013, and ending; B Check if applicable; C Name of organization THE WAYNE-DUPAGE HUNT, INC.; D Employer identification number 36-6110020; E Telephone number (630) 665-5201; F Group Exemption Number; G Accounting Method; H Check if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status; K Form of organization: Corporation; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

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

Table with 21 rows for revenue and expenses. Line 9 Total revenue: 101,852. Line 17 Total expenses: 91,410. Line 18 Excess or (deficit) for the year: 10,442. Line 19 Net assets or fund balances at beginning of year: 133,227. Line 20 Other changes in net assets or fund balances. Line 21 Net assets or fund balances at end of year: 143,669.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

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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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) 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?
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of STEPHEN HUBER Telephone no (630) 497-9278
Located at P.O. BOX 0758 WAYNE IL ZIP+4 60184
42b 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
------	--	--

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

49 b		
------	--	--

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 and 4947(a)(1) nonexempt charitable trusts 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: Stephen J. Huber Date: 5-5-14
 Type or print name and title: STEPHEN J. HUBER - TREASURER

Paid Preparer Use Only
 Preparer's name: RICHARD J. HEINZ Preparer's signature: [Signature] Date: 04/30/14 Check if self-employed PTIN: P00655701
 Firm's name: Heinz & Associates
 Firm's address: 200 W Burlington Ave Firm's EIN:
Clarendon Hills IL 60514 Phone no: (630) 986-0475

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PUPPY AUCTION (event type)	(event type)	(total number)	(add column (a) through column (c))
	1	Gross receipts	25,050.		25,050.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2).	25,050.		25,050.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,893.		4,893.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			4,893.
	11	Net income summary Subtract line 10 from line 3, column (d)			20,157.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

THE WAYNE-DUPAGE HUNT, INC.

Employer identification number

36-6110020

990-EZ, LINE 8 OTHER REVENUE OF \$21,309 IS DETAILED IN SUPPLEMENTAL INFORMATION

990-EZ, LINE 16 OTHER EXPENSES OF \$75,744 ARE DETAILED IN SUPPLEMENTAL INFORMATION

990-EZ, LINE 24 OTHER EOY ASSETS OF \$6,681 ARE DETAILED IN SUPPLEMENTAL INFORMATION

990-EZ, LINE 26 TOTAL EOY LIABILITIES ARE DETAILED IN SUPPLEMENTAL INFORMATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

HORSE SHOW	14,254.
SOCIAL BREAKFASTS	4,375.
SOCIAL DINNERS	2,310.
HUNT BALL	370.
Total	21,309.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

WORKMAN'S COMP INSURANCE	993.
INSURANCE	8,785.
EQUIPMENT MAINT.	4,220.
HOUNDS (INCLUDING FEED, SUPPLIES, VET)	28,419.
KENNELS	17,525.
LANDOWNERS AMBOY	0.
LANDOWNERS WAYNE	315.
MEETING EXPENSE	819.
PERMIT FEES	2,160.
TRAILER	170.
TRUCK EXPENSE	289.
HUNT BALL EXPENSES	1,844.
HUNT SOCIAL EVENTS	987.
EMPLOYER PAYROLL TAXES	968.
REAL ESTATE TAX	2,662.
BUTTONS	0.
DUES	0.
DWRC RENT	100.
OFFICE EXPENSE	0.
FOREST PRESERVE DINNER	3,193.
OPENING HUNT MEDALS	372.
BANK FEES	0.
CREDIT CARD FEES	228.
MISCELLANEOUS EXPENSES	25.
MFHA EXPENSE	1,700.
Total	75,774.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment CHARITABLE DONATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE ORGANIZATION 501 (c) 3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CHICAGO BASEBALL CANCER CHARITIES 1321 BAILEY'S CROSSING DR. LEMONT IL 60439	CHARITABLE ORGANIZATION	450.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment CHARITABLE DONATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE ORGANIZATION 501 (c) 3	Business <input type="checkbox"/> Person <input type="checkbox"/> MUSEUM OF HOUNDS & HUNTING NORTH AMERICA PO BOX 6228 LEESBURG VA 20176-7433	CHARITABLE DONATION	100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment CHARITABLE DONATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE DONATION 501 (c) 3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> EQUESTRIAN LAND CONSERVATION RESOURCE 4037 IRON WORKS PARKWAY, SUITE 120 LEXINGTON KY 40511	CHARITABLE DONATION	46.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
2008 CHEVY C1500 MEDIUM DUTY TRUCK	6,681.	6,681.
Total	<u>6,681.</u>	<u>6,681.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
GMAC 5 YEAR FLEXIBLE FINANCE PLAN	6,681.	6,681.
IL STATE WITHHOLDING	920.	0.
Total	<u>7,601.</u>	<u>6,681.</u>

THE WAYNE-DuPAGE HUNT

This Hunt was recognized by the Masters of Foxhounds Association in 1940 when a merger was formed between the Wayne Hunt and the DuPage Hunt of Wheaton.

The Wayne-DuPage Hunt is a not for profit corporation and is an entirely volunteer organization.

We hunt over private land, graciously provided by the residents of Wayne and Amboy, and the DuPage County Forest Preserve. The most important part of our ability to enjoy hunting is the promotion, preservation and the continuing relationship with our landowners and the Forest Preserve.

**Wayne DuPage Hunt & Wayne Area Conservancy
2013 Board of Directors**

*Average
hrs/week*

OFFICERS	NAME	ADDRESS	HOME PHONE	WORK PHONE	FAX	EMAIL
President	Carol P. Hancock	P.O. Box 543 Wayne, IL 60184	630/584-5171		630/584-4819	plumriver@sbcglobal.net
2nd Vice President and Assistant Treasurer	James E. Bramsen	26 Ridge Rd. Barrington, IL 60010	847/381-1299	630/513-1122	847/381-0512	jbramsen@spray.com
Vice President & Treasurer	Stephen J. Huber	P.O. Box 0758 Wayne, IL 60184	630/497-9278		630/497-9277	shuber@mchutchison.com
Secretary	Patricia L. Spiroff	P.O. Box 127 Wayne, IL 60184	630/513-1452	630/580-7121		patriciaspiroff@att.net
DIRECTORS/COMMITTEES						
Social	Elizabeth C. Bramsen	26 Ridge Rd. Barrington, IL 60010	847/381-1299	847/767-1299	847/381-0512	bbramsen@spray.com
Joint Master & Forest Preserve	James A. Brown	34W675 Amy Trail Rd. Wayne, IL 60184	630/377-7141	847/717-3700	847/717-3740	jim@selfast.net
Country	John Carlisle	P.O. Box 1201 Wayne, IL 60184	630/762-0796	cell 630/605-7939	630/529-3626	cowboycarlisle@gmail.com
Community	Kathie Connolly	P.O. Box 143 Wayne, IL 60184	630/513-5570	630/875-1037 cell 630/661-7383	630/647-2437	k.connolly@Henricksen.com
Master	Fred Iozzo	P.O. Box 354 Wayne, IL 60184	630/584-6515		630/762-9131	fredogden@sbcglobal.net
Membership (WDH) Park Board Liaison (WACF)	Marie Iozzo	P.O. Box 354 Wayne, IL 60184	630/584-6515		630/762-9131	fredogden@sbcglobal.net
Horse Show	Cathy Lorenz	P.O. Box 182 Wayne, IL 60184	630/497-0072			knoxmarsh@sbcglobal.net
Village Liaison	Howard Levine	P.O. Box 754 Wayne, IL 60184	630/584-4563	630/482-3633 xt 120 cell 630/632-3708	630/584-3774	tonlevine@hotmail.com
Pony Club & Country	Kenneth Malm	6N419 Dunham Road Wayne, IL 60184	630/584-9410			tyra.malm@att.net
Grounds & Buildings	Michele Muenzenmay*	11N575 Rohrsen Road Elgin, IL 60120	847/695-9846	630-377-9895	847-289-4896	wmmuenz@aol.com
Joint Master	Nikki Reed	P.O. Box 452 Wayne, IL 60184	630/584-9897			Nikkireed2345@gmail.com
Fundraising	Pam Ruminski	4N781 Honey Hill Rd Wayne, IL 60184	630/513-6990	630/377-3131 cell 630/740-1447	same as home	rumrun58@aol.com
Website	Wayne Bailey, Jr.*	971 Trailside Ln Bartlett, IL 60103	630/289-7045			wbailey@firstsystems.com
Volunteer and Car Caravan	James Bossert*	4371 Canterbury St Charles, IL 60174	630/443-0149			jim.bossert@axiom.com

* Ex Officio

FOR ALL OF THE OFFICERS SHOWN ABOVE

- ⊗ Compensation*
- ⊗ Employee Benefit Plan Contributions*
- ⊗ Expenses*

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	THE WAYNE-DUPAGE HUNT, INC.	36-6110020
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	P.O. BOX 163	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WAYNE	IL 60184

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ STEPHEN HUBER

Telephone No. ▶ (630) 497-9278 Fax No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2013 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3 c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.