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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2013

Department of the Treasury

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.

Open to Public

Inte	mal Reveni	De Service Milormation about Form 990 and its instituctions is at www its.go	V/10/11/1990.	" " pootion
Α	For the	2013 calendar year, or tax year beginning , 2013, and en	ding	, 20
В	Check if a	pplicable C Name of organization CARROLL KENNEL CLUB		D Employer identification no
	Address			52-6051303
H			Room/suite	
믐	Name cha		Room/suite	E Telephone number
님	Initial retu			(410) 608-0628
닏	Terminate	City or town state or province, country and ZIP or foreign postal code		21,054
Ш	Amended	return Manchester, MD 21102		G Gross receipts \$
	Application	n pending F Name and address of principal officer	11/-1 /-1	
			H(a) Is this a group is subordinates?	Yes No
ī	Tax-exem	pt status	H(b) Are all subordin	nates included? Yes No
	Website		If 'No,' attach a	nates included? Yes No list (see instructions) on number
K		rganization Corporation Trust Association Other Lyear of formation 20		
Î	art I	Summary	U-S IN State of te	gat dornicite 1-110
<u>. </u>				
	1	Briefly describe the organization's mission or most significant activities DOG SHOWS & OBED	IENCE TRAINII	NG
çe	İ			
an	i			
E				
CENNORS. Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	its net assets	
9	3	Number of voting members of the governing body (Part VI, line 1a)	3	0
- Ø	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
\$ 0.8 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	
20 ≥	6	Total number of volunteers (estimate if necessary)	6	
کانش	70	Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	
-	/ a		 	<u> </u>
Ti-	p	Net unrelated business taxable income from Form 990-T, line 34	71	0
		<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0
APR	9	Program service revenue (Part VIII, line 2g)	68	760
	10	Investment income (Part VIII, column (A) lines 3, 4, and 7d)	5	36
⊕ 8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,67	8 20,258
~3	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,40	
2	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
20%	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	ļ			
ş	3 15	Calarice, strict componential, employed believed (factor) and the strict components (factor)		0
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7	0
6 6 6 7	P P	Total fundraising expenses (Part IX, column (D), line 25)		1 2 3 1 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
ů	້ງ 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,03	6,382
	18	Total expenses Add lines 13-17 (must equal Par HX, cotons) (B) line 25)	8,03	6,382
	19	Revenue less expenses Subtract line 18 from line 12	3,37	2 14,672
-	58	101	ginning of Current Year	
;	20	Total assets (Part X, line 16)	102,37	0 117,042
	20 21	Total liabilities (Part X, line 26)		117,012
3	Fund Balances 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Net assets or fund balances Subtract line 21 from line 20 1 1 1	100 27	117 043
	art II	Signature Block	102,37	0 117,042
		s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	united and halled it is	
true	er penaitie correct ar	s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kind of complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	wiedge and belief it is	
				2 16 11/
		Lebert Murriage Jessenel		3-18-14
Si	gn	Signature of officer	Da	ite
He	ere	DeboraH Wurzburger Treasurer		
		Type or pnnt name and title		
		Periodica experior como Date	Check X if	PTIN
Pa	id	ROBERT A ROSSI, CPA Robert A Rossi CPA D3-13-2014		P01213317_
			self-employed	FU121331/
	eparer		Firm's EIN	
US	e Only		Phone no	
		York PA 17403	717-	849-5235
Ma	v the IRS	discuss this return with the preparer shown above? (see instructions)		· · · 🛚 Yes 🗌 No

	990 (2013)	CARROLL KENNEL CLUB	Accomplishments		32-6031303 Fage 2
Pal	rt III Sta	tement of Program Service	e acto to any line in this Part III		
		ck if Schedule O contains a response of	note to any line in this rait in		
1	-	the organization's mission			
	DOG SHOWS	& OBEDIENCE TRAINING			
					
2	Did the organi	ization undertake any significant progra	m services during the year which	ch were not listed on the	
-		0 or 990-EZ?			☐ Yes 😾 No
	•	these new services on Schedule O			
3		ization cease conducting, or make sign		cts, any program	
•					∏ Yes ⊠ No
		nbe these changes on Schedule O			
4		organization's program service accomp	dishments for each of its three la	argest program services, as meas	sured by
•		ction 501(c)(3) and 501(c)(4) organization			
	•	nses, and revenue, if any, for each pro-		g	
	mo total onpo.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4a	(Code) (Expenses \$	including grants of	\$) (Reven	ue \$)
	(0000			, (Maran	,
					·
				· · · · · · · · · · · · · · · · · · ·	
					······································
					
					
4b	(Code) (Expenses \$	including grants of	\$ \ \(\(\) (Reven	ue \$)
	`				<u> </u>
				-	
4c	(Code) (Expenses \$	including grants of) (Reveni	ue \$)
					,
				· · · · · · · · · · · · · · · · · · ·	
			-		
				· · · · · · · · · · · · · · · · · · ·	
					
					-
	-				
4d	Other program	n services (Describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·	
-1 U	(Expenses \$		ants of \$) (Revenue \$,
4e		service expenses	μ Ψ	, (ROYCHUE #	
7.5	. J. J. P. Ograili				

٠.,			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 (see instructions)?	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		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		ĺ
	"Yes," complete Schedule D, Part I	6	,	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	4.6	ita (Th	X
	VII, VIII, IX, or X as applicable	7 7 8		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Χ
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ĺ	İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1.7
12	the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	12b		<u>X</u> X
13		13		$\frac{X}{X}$
14a	The trie angular and the tries of the property of the tries of the tri	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	,40		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		
	If "Yes " complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 25a 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 to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a 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? 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ 32 Did the organization sell exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 Χ 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 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, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

	990 (2013) CARROLL KENNEL CLUB 52-60513	303		Page
Par)			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		-
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No.
1a	Lines the humber reported in Box 6 of 1 of the 100 of 1 of the 100 of 1 of the 100 of 1 of 100 of 10	†' ૄે	E 14 20	
b	Little the humber of Forms VV 20 modaded frame to 2 mod opposite	(4)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	v.	1 . ~
٥-	reportable gaming (gambling) winnings to prize winners?	1 200	"Eligiberi	, (i s. :
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		13/12	4.
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1 1	-
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2 Jan 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	` [:`:`	"X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		 -	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	-19-7	130	79
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	;se	11,1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	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).	1, 2,270	3 4-3, 1	3 1/- *
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	17. 15.		
	and services provided to the payor?	7a		
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?	7с		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	- Suk	No.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ <u>.</u>	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars locals airplanes or other vehicles did the organization file a Form 1098-C?	7h		-100 x-1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- st. 3		1 1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1 45		- r.
	organization, have excess business holdings at any time during the year?	8		—
9	Sponsoring organizations maintaining donor advised funds.		1.	1
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		2 2 2 2 3
10	Section 501(c)(7) organizations. Enter	1	2.00	当
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	1 2		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 2	120	-
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		الرقوم الم
b	Gross income from other sources (Do not net amounts due or paid to other sources	A 7		
	against amounts due or received from them)	ام الموادد . عدم ا		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 . 50	+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	13		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	-E342"	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note See the instructions for additional information the organization must report on Schedule O		1	.
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	3 4 ₹

14a

14b

. 13c

14a

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

52-6051303

Form	990 (2013) CARROLL KENNEL CLUB 52-605		P	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" ှ		
<u> </u>	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S		_
	Check if Schedule O contains a response or note to any line in the Part VI		<u></u>	· 🛛
Sec	tion A. Governing Body and Management		·	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	0		
	If there are material differences in voting rights among members of the governing body, or		-, 5	- * .
	if the governing body delegated broad authority to an executive committee or similar	333	4.7.3	:
	committee, explain in Schedule O		1	٠ ,
ь		o 🖼	1	, ^
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7	Ī	
-	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
•	supervision of officers directors, or trustees, or key employees to a management company or other person?	. 3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
, a	one or more members of the governing body?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
J	stockholders, or persons other than the governing body?	. 7ь	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	. 4	C ?!	a .
Ü	the year by the following		1.35	
•	The governing body?	. 8a	Х	172
a b	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>	+-:-	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		·	
	The control of the co		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	1	 	
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	† • • • • • • • • • • • • • • • • • • •	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12.0	1.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		+	
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	11	X
14	Did the organization have a written document retention and destruction policy?	——	$+$ \times	
15	Did the process for determining compensation of the following persons include a review and approval by	75-		12-2
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1111	1 .	ļ- ·
•	The organization's CEO, Executive Director, or top management official	15a		ļ '
a b	Other officers or key employees of the organization	15b	+	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	135	1 1 2 N	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			3
16a		ાં.જેસ 16a	1	X
_	with a taxable entity during the year?	102	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
þ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			*,**
			1	7
800	organization's exempt status with respect to such arrangements?	. 100	' I <u>.</u>	1
17	List the states with which a copy of this Form 990 is required to be filed			
	List the states with which a copy of this Form cooks required to be med			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
	DEBORAH WURZBURGER (410)608-0628, 2206 COLEMAN COURT, Manchester, MD 21102			

Form 990 (201		52-6051303 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated Employees, and
•	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

 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, if any 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

(A) Name and Title .	(B) Average hours per week (list any hours for related organizations below dotted line)	box u	ot check m inless pers		(C) osition more than on a point is both a rector/trustee employee		Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SEE ATTACHED				Х				0	0	
(2)										
(3)						-		-		
(4)										
(5)					_					
(6)										
(7)					_					-
(8)			-							
(9)										
(10)				\dashv						
11)				-	_	<u> </u>				
(12)				\dashv						····
(13)										
14)		_			-			·		
EEA										Form 990 (201

Form 9	90 (2013) CARROLL KENNEL CLU	В								52-605	51303	F	age 8
Part	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est (Comp	ensa					
	(A) Name and title	(B) Average	(do n	ot che	Posi ck m	tion	an one		(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of	
		hours per week (list any	box,	unless	pers		both an	1	from	related		other	
		hours for related organizations below dotted line)	Individual trustee or director	, ,	Officer	1		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) o	impensati from the irganization and relate irganizatio	e on ed
			nstee	l trustee		yee	Highest compensated employee						
(15)													
(16)													
(17)													
(18)													
(19)											-		
(20)													
(21)													
(22)													
(23)_													
(24)													
(25)													
1b	Sub-total			• •		• •		>					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)					· · ·	 	•	o		0		0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	d abo	ve) w	vho i	ecei	ved n	nore			0		
3	Did the organization list any former officer, director,	or trustee, ke	ey emp	oloye	e, o	r higi	hest c	omp	ensated		Fig	Yes	No
	employee on line 1a? If "Yes," complete Schedule J										. 3		X
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than \$	\$150,000? If	"Yes,"	com		e Scl	hedul	e J fo	or such				
5	Did any person listed on line 1a receive or accrue co				 nrela			- •	on or individual		4	1 - 5 ·	X
Secti	for services rendered to the organization? If "Yes," c on B. Independent Contractors	omplete Sch	edule .	J for	suc) per	son				. 5	Ь_	X
1	Complete this table for your five highest compensate												
·	compensation from the organization. Report comper year	nsation for the	e caler	ndar	year	end	ling w	ith o	within the organiz	ation's tax	·		
	(A)								(B)		Cos	(C)	~
	Name and business address								Description of	SET VICES	Con	npensatio	
					_								
				-									
2	Total number of independent contractors (including by received more than \$100,000 of compensation from			se li ▶	sted	abo	ve) w	ho					<u> </u>

Business Code

20,258

21,054

20,258

20,258

21,054

Miscellaneous Revenue

11a OBEDIENCE EVENTS

d All other revenue

e Total. Add lines 11a-11d

52-6051303

Part IX	Statement of Functional Exp	enses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other organiz	ations must complete	column (A)	······································
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .			13th 2 2 miles	A TAKE
2	Grants and other assistance to individuals in			3, 4, 2, 2, 3	
	the United States See Part IV, line 22 · · · · · ·			2 15 Sec. 2 7.20	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			A second second	Tank of the second
4	Benefits paid to or for members			The state of the s	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	105		105	
С.	Accounting	185		185	
ď	Lobbying				
0	Professional fundraising services See Part IV, line 17 Investment management fees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(- Ma) Land Brance	
f	Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion			<u></u>	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	460		460	
14	Information technology	400		400	
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	1,428		1,428	
17	Travel	2/120		2/120	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,309		3,309	
20	Interest			, , , , , ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	877	•	877	
24	Other expenses Itemize expenses not covered	1 4 K		Santa Santa	1973年1986年19
	above (List miscellaneous expenses in line 24e If				Carrie Table
	line 24e amount exceeds 10% of line 25, column			Y San Transfer	的 的人,这个人
	(A) amount, list line 24e expenses on Schedule O)			Mary Angle 17	***
а	AWARDS	123	123		
b					
С		-			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	6,382	123	6,259	00
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				1
	from a combined educational campaign and				1
	fundraising solicitation. Check here. ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				<u> </u>

52-6051303

Par	ĽX.	Balance Sheet			
_•				• • •	[
			(A)		(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	42,431	1	57,068
	2	Savings and temporary cash investments	59,939	2	59,974
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		15 19	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		4	
		4958(f)(1)) persons described in section 4958(c)(3)(B) and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
ys		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · 10a		" age of "	
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	102,370	16	117,042
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	To 1987 & 4 87 6 1 6 1 6 1 7	21	A. San Sandana A. Sandana San
Liabilities	22	Loans and other payables to current and former officers, directors,		300	
ij		trustees, key employees, highest compensated employees, and		· · · · · ·	
<u>.e</u>		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ro.		Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and			
Š		complete lines 27 through 29, and lines 33 and 34.		45.46	
lan	27	Unrestricted net assets	102,370	_27	117,042
å	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets	#21 F07 1 6 4 7 6 4 9 6 8 100 1	29	
Net Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	33. 37.	-	
s o		complete lines 30 through 34.	Commence of the Commence of th	- 134	De the Election
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	102,370	33	117,042
	34	Total liabilities and net assets/fund balances	102.370	34	117.042

Form	990 (2013) CARROLL KENNEL CLUB 5.	<u>2-605130</u>	13	Pa	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>21,0</u>	54
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,3	182
3	Revenue less expenses Subtract line 2 from line 1	3		14,6	572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	02,3	170
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	17,0	42
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<i>.</i>			<u>. 🗀 </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other	_		Carre S	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			8.3	19. A
	Schedule O			1	٠٠٠, ٠٠٠,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1.4		- X
	reviewed on a separate basis, consolidated basis, or both				a.r.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				群的
b	Were the organization's financial statements audited by an independent accountant?		2b	· [Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		***		
	separate basis, consolidated basis, or both		-5		Par-
	Separate basis Consolidated basis Both consolidated and separate basis		100		A STATE OF
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		7.		* * * *
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	if the organization changed either its oversight process or selection process during the tax year, explain in			4,41	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		[]		
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	(013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

4 : 4

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.

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

Openito Rublic Inspection

Employer identification number

OMB No 1545-0047

Name of the organization 52-6051303 CARROLL KENNEL CLUB 01. Governing body decisions (Part VI, line 7b) ALL DECISIONS OF GOVERNING BODY ARE SUBJECT TO MEMBER APPROVAL. 02. Form 990 governing body review (Part VI, line 11) FORM 990 IS REVIEWED BY THE TREASURER. 03. Conflict of interest policy compliance (Part VI, line 12c) GOVERNING BOARD REVIEWS FOR ANY CONFLICT OF INTERESTS ON A SEMI ANNUAL BASIS. 04. Governing documents, etc, available to public (Part VI, line 19) NO DOCUMENTS AVAILABLE TO THE PUBLIC

OFFICERS AND BOARD MEMBERS CARROLL KENNEL CLUB DECEMBER 31, 2013

PRESIDENT VICE PRESIDENT TREASURER SECRETARY

BOARD MEMBERS

PAT BERGLUND LYNNE BEARD PAUL CLAS REBECCA KIRZNER SHERRY SEIBEL JOHN EICHSTEDT NANCY KALINOWSKI MARY SMITH LAURIE WALTERS THEODORE MARTIN
JOANN ADAMS
DEBORAH WURZBURGER
GLORIA DORWARD