



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-EZ**

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

**2015**

Open to Public Inspection

**A** For the **2015** calendar year, or tax year beginning **01-01-2015**, and ending **12-31-2015**

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

**C** Name of organization  
THE MOUNTAINEER KENNEL CLUB  

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
PO BOX 562  

City or town, state or province, country, and ZIP or foreign postal code  
DELLSLOW, WV 265310562

**D** Employer identification number  
23-7406419  
**E**Telephone number  
(304) 629-3454  
**F**Group Exemption Number ▶

**G** Accounting Method ☒Cash ☐Accrual Other (specify) ▶  

**I Website:** ▶N/A

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☒ 501(c)( 7) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒Corporation ☐Trust ☐Association ☐Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 68,699

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	0
	2	Program service revenue including government fees and contracts . . . . .	2	65,804
	3	Membership dues and assessments . . . . .	3	2,228
	4	Investment income . . . . .	4	666
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0
Expenses	c	Less direct expenses from gaming and fundraising events . . . . .	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	b	Less cost of goods sold . . . . .	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8	Other revenue (describe in Schedule O) . . . . .	8	1
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	68,699
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	300
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
Net Assets	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	39,827
	15	Printing, publications, postage, and shipping . . . . .	15	60
	16	Other expenses (describe in Schedule O) . . . . .	16	28,608
	17	Total expenses. Add lines 10 through 16 . . . . . ▶	17	68,795
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-96
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	65,297
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-950
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	64,251

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ(2015)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	57,049	22	57,556
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,248	24	6,695
25 Total assets	65,297	25	64,251
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,297	27	64,251

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?

ALL BREED DOG CLUB AKC AFFILIATED

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

☐

28a

29

(Grants \$ )

If this amount includes foreign grants, check here

☐

29a

30

(Grants \$ )

If this amount includes foreign grants, check here

☐

30a

31

Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here

☐

31a

32

Total program service expenses (add lines 28a through 31a)

68,795

32

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SUSAN FOSTER PRESIDENT	8 00	0		
ROBIN MORRIS VICE PRESIDENT	4 00	0		
TERRY HILL SECRETARY	6 00	0		
ANNE E BURLEIGH TREASURER	8 00	0		
DEB BEAZLEY DIRECTOR	4 00	0		
SHERRY KUEHN DIRECTOR	4 00	0		
BECKIE STANEVICH DIRECTOR	4 00	0		
INGRID WETERRINGS DIRECTOR	4 00	0		
MARY YODERS DIRECTOR	4 00	0		

Form990-EZ(2015)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
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? . . . . .		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b>		
39	Section 501(c)(7) organizations Enter . <b>39</b>		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>	0	
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>	0	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ . . . . .		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
41	List the states with which a copy of this return is filed ▶ . . . . .		
42a	The organization's books are in care of ▶ ANNE E BURLEIGH Telephone no ▶ (304) 629-3454 Located at ▶ 74 HARDMAN ROAD MOUNT CLARE, WV ZIP + 4 ▶ 26408 . . . . .		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country ▶ . . . . .		
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .		No
	If "Yes," enter the name of the foreign country ▶ . . . . .		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		No
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000 . . . . .	▶	
---	---	---	--

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
---	--	---	--

52	Did the organization complete Schedule A? <b>NOTE.</b> All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> 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		2016-04-28 Date				
	ANNE E BURLEIGH TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name KEREN S STAUBS		Preparer's signature		Date 2016-11-14	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ EDMUND R SLEDZIK & ASSOCIATES LLC					Firm's EIN ▶	
	Firm's address ▶ 1704 SHAGBARK CIRCLE RESTON, VA 201904437					Phone no. (703) 471-7584	

	May the IRS discuss this return with the preparer shown above? See instructions . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	--

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7406419  
**Name:** THE MOUNTAINEER KENNEL CLUB

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
**(Required for 501(c)(3) and**  
**501(c)(4) organizations and**  
**4947(a)(1) trusts; optional**  
**for others.)**

**28**

TRY TO EDUCATE THE PUBLIC ABOUT THE CARE OF DOGS AND TO PREVENT CRUELTY TO DOGS  
HELD DOG SHOWS - OBEDIENCE TRIALS, TRACKING TRIALS AND FIELD TRIALS  
(Grants \$ 300) If this amount includes foreign grants, check here . . . ► ☐

**28a**

68,795

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
THE MOUNTAINEER KENNEL CLUB**Employer identification number**

23-7406419

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 8	ADJUSTMENT TO BALANCE 1
Form 990EZ, Part I, Line 10	DONATION, DONATION, AKC CANINE HEALTH FOUNDATION 8051 ARCO CORPORATE DRIVE, SUITE 300, RALEIGH, NC,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 10	DONATION, DONATION, ANIMAL FRIENDS OF NCWV 252 BREWER ROAD, MORGANTOWN, WV, 26508, N/A, 100
Form 990EZ, Part I, Line 16	ADJUSTMENT TO BALANCE AND FOR ROUND OFFS 8



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	ADVERTISING 300
Form 990EZ, Part I, Line 16	AGILITY 17714

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	AKC DELEGATE 689
Form 990EZ, Part I, Line 16	AWARDS DINNER 1952

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	CHEER 23
Form 990EZ, Part I, Line 16	CLASS REFUNDS 95

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 1620
Form 990EZ, Part I, Line 16	FUNDRAISING 33

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 1419
Form 990EZ, Part I, Line 16	MISCELLANEOUS 784

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 548
Form 990EZ, Part I, Line 16	STAR PUPPY TESTS 20

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	SUBSCRIPTIONS/DUES 223
Form 990EZ, Part I, Line 16	TAXES 510

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TRAINING EXPENSES 2670
Form 990EZ, Part I, Line 20	2014 CHECKS THAT CLEARED IN 2015 168



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 20	CHECKS THAT DID NOT CLEAR BY YEARS END -1118
Form 990EZ, Part II, Line 24	DEPRECIATION ASSETS 8248 6695