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Form **990-EZ**

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)

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

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

B Check if applicable	C Name of organization THE MOUNTAINEER KENNEL CLUB	D Employer identification number 23-7406419
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) PO BOX 562	E Telephone number (304) 629-3454
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code DELLSLOW, WV 265310562	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►**H** Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ►N/A**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

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

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)

32

68,795

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		

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	33	No
34	34	No
35a	35a	No
b	35b	
c	35c	No
36	36	No
37a	37a	
b	37b	No
38a	38a	No
b	38b	
39	39a	0
a	39b	0
40a	40b	
b	40c	
c	40d	
d	40e	No
41		
42a		Telephone no ► (304) 629-3454
		Located at ► 74 HARDMAN ROAD MOUNT CLARE, WV ZIP + 4 ► 26408
b	42b	No
If "Yes," enter the name of the foreign country ►		
42c		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	42d	
If "Yes," enter the name of the foreign country ►		
43	43	
44a	44a	No
b	44b	No
c	44c	No
d	44d	
45a	45a	No
45b	45b	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	46		

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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must 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	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 ► Yes 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.

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, WA, 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