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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)

OMB No 1545-1150

2015

Open to Public  
Inspection

► 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).

A For the 2015 calendar year, or tax year beginning 06/01/15, and ending 05/31/16

B Check if applicable

 Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization

DURHAM KENNEL CLUB, INC  
C/O LINDA WOZNIAK

D Employer identification number

56-6049365

Number and street (or P O box, if mail is not delivered to street address)

9514 BRIDLE SPUR

Room/suite

E Telephone number

919-942-5818

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

CHAPEL HILL

NC 27516-5755

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual  Other (specify) ►

I Website: ► DURHAMKENNELCLUB.COM

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(7) (insert no)  4947(a)(1) or  527K 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

► \$ 115,177

## 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 

1	Contributions, gifts, grants, and similar amounts received	1	13,329
2	Program service revenue including government fees and contracts	2	88,149
3	Membership dues and assessments	3	8,836
4	Investment income	4	92
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events	6d	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	4,771
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,177
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,300
14	Occupancy, rent, utilities, and maintenance	14	36,537
15	Printing, publications, postage, and shipping	15	898
16	Other expenses (describe in Schedule O)	16	42,736
17	Total expenses. Add lines 10 through 16	17	82,471
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,706
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	437,143
20	Other changes in net assets or fund balances (explain in Schedule O)	20	92
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	469,941

For Paperwork Reduction Act Notice, see the separate instructions.

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21

**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 

22 Cash, savings, and investments  
 23 Land and buildings  
 24 Other assets (describe in Schedule O)  
 25 Total assets  
 26 Total liabilities (describe in Schedule O)  
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
211,295	22 241,448
204,075	23 200,404
21,773	24 28,089
437,143	25 469,941
0	26 0
437,143	27 469,941

**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?

## SEE SCHEDULE O

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 CONDUCT SANCTIONED MATCHES, DOG SHOWS, AND PERFORMANCE

EVENTS UNDER THE RULES OF THE AMERICAN KENNEL CLUB AND  
 DOG TRAINING CLASSES FOR MEMBERS AND THE PUBLIC.

(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

**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
DALE WISNIEWSKI	0.00	0	0	0
CORR SEC	0.00	0	0	0
LINDA WOZNIAK	0.00	0	0	0
TREASURER	0.00	0	0	0
BOB WISNIEWSKI	0.00	0	0	0
DIRECTOR	0.00	0	0	0
LISA ROBERTS	0.00	0	0	0
RECORDING SEC	0.00	0	0	0
TRACY FLETCHER	0.00	0	0	0
DIRECTOR	0.00	0	0	0
ANN CARTER	0.00	0	0	0
PRESIDENT	0.00	0	0	0
NANCY AKERS	0.00	0	0	0
VP	0.00	0	0	0
THOMAS GIVENS	0.00	0	0	0
DIRECTOR	0.00	0	0	0
JODI LABOMBARD	0.00	0	0	0
DIRECTOR	0.00	0	0	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

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 33  X

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) 34  X

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)? 35a  X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

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 35c  X

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 36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b  X

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? 38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40a , section 4955 ► 40a

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 40b

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 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40c

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 40e  X

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **LINDA WOZNIAK**

Telephone no ► **919-942-5818**

9514 BRIDLE SPUR

Located at ► **CHAPEL HILL**

NC ZIP + 4 ►

**27516**

Yes  No

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)?

If "Yes," enter the name of the foreign country ► 42b  X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

If "Yes," enter the name of the foreign country ► 42c  X

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 ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  X

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 44b  X

c Did the organization receive any payments for indoor tanning services during the year? 44c  X

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 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  X

b 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) 45b  X

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		
49a		
49b		

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?

b 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 ► \_\_\_\_\_

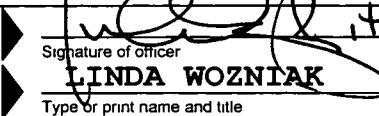
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

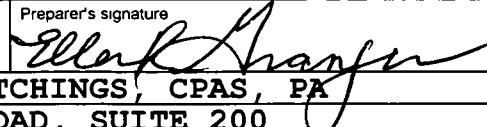
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? 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	►  treasurer	Date <u>Oct 5 2016</u>
	Signature of officer <u>LINDA WOZNIAK</u>	Preparer's title <b>TREASURER</b>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <b>ELLEN GRANGER</b>	Preparer's signature 	Date <u>09/28/16</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00074373</u>
	Firm's name ► <b>HUTCHINGS &amp; HUTCHINGS, CPAS, PA</b>		Firm's EIN ► <b>56-1340761</b>		
	Firm's address ► <b>3620 SHANNON ROAD, SUITE 200 DURHAM, NC 27707</b>			Phone no <b>919-489-3393</b>	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**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

**DURHAM KENNEL CLUB, INC**  
 C/O LINDA WOZNIAK

Employer identification number

**56-6049365**
**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
BUILDING/EQUIP RENTAL	\$ 4,275
SALE OF TRAINING EQUIPMENT	\$ 496
TOTAL	\$ 4,771

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
<b>EXPENSES</b>	
OFFICE GEN/ADMIN	\$ 15
BAD CHECKS	\$ 2,918
CHARITABLE CONTRIBUTIONS	\$ 80
COUPON REDEMPTION	\$ 2,900
CREDIT CARD SERVICE FEES	\$ 50
DUES & SUBSCRIPTIONS	\$ 725
EQUIPMENT FOR RESALE	\$ 1,100
FEES FOR EVENTS	\$ 511
FEES FOR AKC EVENTS	\$ 25
FEES FOR BHA EVENTS	\$ 16,490
FOOD & DRINK	\$ 556
LIBRARY MATERIALS	\$ 2,115
MINOR EQUIPMENT PURCH	\$ 70
NSF CHECKS	\$ 733
OFFICE EXPENSES	\$ 270
	\$ 118

**Schedule O (Form 990 or 990-EZ) (2015)**

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Name of the organization

**Employer identification number**

## DURHAM KENNEL CLUB, INC

56-6049365

REFUNDS - OBEDIENCE CLASS	\$	315
REFUNDS - AGILITY	\$	60
REFUNDS - EVENTS	\$	2,122
REFUNDS - SEMINAR	\$	35
SECURITY	\$	1,639
TELEPHONE	\$	667
SECTION 179 CARRYFORWARD	\$	92
NON-INVESTMENT DEPRECIATION	\$	9,130
	TOTAL \$	42,736

**FORM 990-EZ. PART I. LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

**DESCRIPTION** **AMOUNT**

SEC 179 CF BOOK/TAX DIF \$ 92

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
	\$ 73,873	\$ 89,319
LESS ACCUMULATED DEPRECIATION	\$ 52,100	\$ 61,230
	\$ 2,740	\$ 2,740
LESS ACCUMULATED AMORTIZATION	\$ 2,740	\$ 2,740
	<b>TOTAL</b> \$ 21,773	\$ 28,089

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

PUBLIC EDUCATION FOR THE HUMANE TREATMENT OF ANIMALS AND TO STAGE, PROMOTE  
AND MANAGE DOG SHOWS AND FIELD EVENTS AND OTHER EVENTS OF A LIKE NATURE.

FORM 990-EZ. PART III. LINE 31 - ALL OTHER ACCOMPLISHMENT

PAGE 1 OF 2

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**Schedule O (Form 990 or 990-EZ) (2015)**

## Schedule O (Form 990 or 990-EZ) (2015)

Page 2

Name of the organization

DURHAM KENNEL CLUB, INC

Employer identification number

56-6049365

CONDUCT SANCTIONED MATCHES, DOG SHOWS, AND PERFORMANCE  
EVENTS UNDER THE RULES OF THE AMERICAN KENNEL CLUB AND  
DOG TRAINING CLASSES FOR MEMBERS AND THE PUBLIC.

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**PAGE 2 OF 2**

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Schedule O (Form 990 or 990-EZ) (2015)