efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492047001178 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 B Check if applicable D Employer identification number C Name of organization NORTHEASTERN MARYLAND KENNEL CLUB INC  $\square$  Address change 52-2220060 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2412 ENGLE ROAD ☐ Final return/terminated (410) 692-0429 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return FALLSTON, MD 21047 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method 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)(4) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 131 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 53,978 3 Membership dues and assessments . . . . . . 3 620 4 4 439 5a Gross amount from sale of assets other than inventory . . . . . b 5b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 55,169 10 10 Grants and similar amounts paid (list in Schedule O) 1,150 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 500 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 16,065 15 15 Printing, publications, postage, and shipping 267 16 Other expenses (describe in Schedule O) 16 33,642 17 Total expenses. Add lines 10 through 16 17 51,624 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,545 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 132,792 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -3,668 Net assets or fund balances at end of year Combine lines 18 through 20 21 132,669 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

01111 990-L2	- (2017)						Page 2
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this	Dart II			
	Check if the organization used Schedule	O to respond to any c	question in this		eginning of year	· ·	
22 Cash, sa	vings, and investments		1	(~)	132,726	22	132,622
	buildings				·	23	·
<b>24</b> Other as	sets (describe in Schedule O)		[		66	24	47
25 Total as	sets		[		132,792	25	132,669
	<b>ibilities</b> (describe in Schedule O)		i			26	
	ets or fund balances (line 27 of column	<u> </u>			132,792	27	132,669
Part III	Statement of Program Service A Check if the organization used Schedule	•	•		rt III)	l (Re	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?	O to respond to arry t	question in tims	1 411 111		<b>(</b> 3)	and 501(c)(4)
Describe the measured by	.UB CONTRIBUTIONS EDUCATION  organization's program service accomplis expenses In a clear and concise manne	r, describe the service					anizations, optional for ers )
28	nd other relevant information for each pro	ogram title					
See Addition	al Data Table						
(C	T6 4h	+			<b>.</b> □		
(Grants \$ ) <b>29</b>	If this amoun	t includes foreign gran	its, check here		. • 🗆	28a 29a	
29						294	
(Grants \$ )	If this amoun	t includes foreign grar	nts check here		. ▶ □		
30	II tills alliouil	- Includes foreight gran	its, thete		. , .	30a	
30						Jou	
(Cranto ¢ )	If this amoun	t includes foreign grar	ta abaali bara		. ▶ □		
(Grants \$ )					. • 🗆	$\perp$	
	ogram services (describe in Schedule O)					_	
(Grants \$ )	ogram service expenses (add lines 28a	t includes foreign gran				31a 32	51,624
Part IV	List of Officers, Directors, Trustees,		(list each one ev				· · · · · · · · · · · · · · · · · · ·
. arc zv	Check if the organization used Schedule						
	(a) Name and title	(h) Average	l (a) Banari	table	/d) Health bon	of to	(a) Estimated amount
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i <b>t paid,</b>	(d) Health bend contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
See Addition	al Data Table						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	🗆	
			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	33		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)	34		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)?	35a		No
h	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		
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$	35c		
36				<u>No</u>
37a	the year? If "Yes," complete applicable parts of Schedule N	36		No
ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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		No
С	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 sections4912, 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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
		410) 6	92-0429	9
<b>72</b> a		2104		
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)?	42b	Yes	<b>No</b> No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
С	Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	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			
	<del></del>		Yes	No
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	163	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	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		No

									Page
								Yes	No
	organization engage, directly or indirectes for public office? If "Yes," complete					to	16		
	Section 501(c)(3) organization	· 					46		
	All section $501(c)(3)$ organizations	must answer quest	ions 47-49b and 5	2, and d	complete t	he table	s for lu	nes 50	and 5
(	Check if the organization used Schedule	e O to respond to any q	juestion in this Part V	1		<u></u>		 Yes	No
	organization engage in lobbying activit complete Schedule C, Part II		J1(h) election in effe	_	•	ir/	47		
<b>3</b> Is the o	ne organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E						48		
<b>9a</b> Did the	organization make any transfers to an	exempt non-charitable	related organization	,			49a		
<b>b</b> If "Yes,"	was the related organization a section	527 organization? .					49b		
<b>0</b> Complet	e this table for the organization's five l	highest compensated e	mployees (other thai	officers	, directors,	trustees a	and key	employ	ees)
	h received more than \$100,000 of com ame and title of each employee	pensation from the org	ganization If there is (c) Reportable		nter "None ' I) Health be		(a) Fo	tımated	amou.
(a) N	ame and title of each employee	hours per week devoted to position	compensation	contr	butions to	employee			
		devoted to position	(Forms W-2/1099 MISC)		enefit plans erred compe				
				-					
							<u> </u>		
	number of other employees paid over \$	·				<b>-</b>			
1 Complet	number of other employees paid over \$ se this table for the organization's five l sation from the organization If there is	highest compensated in	· · · · · ·	rs who e	· · ·	►d more th	nan \$10	0,000 o	 F
1 Complet	e this table for the organization's five l	highest compensated in s none, enter "None "			each receive			0,000 o	
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<b>1</b> Complet	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "							
1 Complet compen	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None " each independent contr	actor						
d Total r	te this table for the organization's five sation from the organization. If there is (a) Name and business address of each organization and business address of each organization complete Schedule A?	highest compensated in s none, enter "None " each independent control in the seach receiving over the seach receiving ove	\$100,000	(b) T	ype of servi	ce (c	) Compo	ensation	
d Total r	te this table for the organization's five sation from the organization. If there is (a) Name and business address of each of the contractor of other independent contractor of other independent contractor.	highest compensated in s none, enter "None " each independent control in the seach receiving over the seach receiving ove	\$100,000	(b) T	ype of servi	ce (c	) Compo		
d Total r Did tr comp	te this table for the organization's five sation from the organization. If there is (a) Name and business address of each organization and business address of each organization complete Schedule A? I leted Schedule A	rs each receiving over:	\$100,000 c)(3) organizations n	(b) T	ype of servi	ce (c	) Composition	ensation  es	
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d Total r Did the components of the components o	te this table for the organization's five sation from the organization. If there is sation from the organization. If there is (a) Name and business address of each organization complete schedule A? I leted Schedule A	rs each receiving over:	\$100,000 c)(3) organizations n	(b) T	ype of servi	ce (c	) Composition	ensation  es	
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d Total r  Did the composition of the composition o	te this table for the organization's five is sation from the organization. If there is (a) Name and business address of each of the sation from the organization completes some organization complete. Schedule A? I leted Schedule A	rs each receiving over:	\$100,000	(b) To	ype of servi	ents, and ormation	Yed to the of whice	ensation  es	
d Total r Did the composition of	te this table for the organization's five is sation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A? I leted Schedule A	rs each receiving over:  NOTE. All Section 501(  Declaration of preparer's signature	\$100,000	(b) To	check	PTIN PO084	Yed to the of whice	ensation  es	
d Total r Did the composition of	te this table for the organization's five sation from the organization. If there is (a) Name and business address of each of the contract of the organization completes schedule A? It is true, correct, and complete edge  ******  Signature of officer  MARY LOU OLSZEWSKI TREASURER Type or print name and title  Print/Type preparer's name KEREN S STAUBS	rs each receiving over seach r	\$100,000	(b) To	check Self-employes	pents, and ormation	Yed to the of whice	ensation  es	
d Total r  Did the component of the comp	te this table for the organization's five sation from the organization. If there is (a) Name and business address of each organization completes schedule A? I leted Schedule A	rs each receiving over :  NOTE. All Section 501(  Declaration of preparation of p	\$100,000	(b) To	check Self-employee	pents, and ormation	Yed to the of whice	ensation  es	

## Additional Data

Software ID:

Software Version:

**EIN:** 52-2220060

Name: NORTHEASTERN MARYLAND KENNEL CLUB INC

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

Describe the organization's p services, as measured by exp number of persons benefited	` (c	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	CENSED SHOWS AND OBEDIENCE TRIALS WE HOLD SEMINARS AND CONDUCT CE CLASSES, SHOW N GO AND CGC TESTS	28a	51,624	
(Grants \$ 1,150)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

Form 990EZ, 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			
BETTY COX PRESIDENT	3 00	0					
DEBBIE HEYDT VICE PRESIDENT	3 00	0					
COREY TURNER RECORDING SECRETARY	2 00	0					
BEVERLY BUDNICK CORRESPONDING SECRETARY	2 00	0					
MARY LOU OLSZEWSKI TREASURER	2 00	0					
JOYCE ENGLE AKC DELEGATE	0 50	0					
MOLLY DUNKIN DIRECTOR	0 50	0					
ALISA MATRICCIANI DIRECTOR	0 50	0					
SHERI NAMOVICZ DIRECTOR	0 50	0					
ANN SCHULTZ DIRECTOR	0 50	0					
STEPHEN SKOLNIK DIRECTOR	0 50	0					
NITA SNYDER DIRECTOR	0 50	0					
HEATHER STOUT DIRECTOR	0 50	0					
JEANNE WARD DIRECTOR	0 50	0					

efile GRAPH	IC print	- DO NOT PROCESS	As Filed Data -	DLN	N: 93492047001178		
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	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.			OMB No 1545-004  2017  Open to Public Inspection	
Internal Revenue Cerrice Name of the organization NORTHEASTERN MARYLAND KENNEL CLUB INC					Employer ident 52-2220060	ification number	
990 Schedule	e O, Sup <sub>l</sub>	plemental Informatio	n				
Return Reference				Explanation			
Form 990EZ, Part I, Line 8	ADJUST	MENT TO BALANCE FOR	ROUND OFFS 1				

Return Explanation

Reference
Form 990EZ, Part I, Line
DONATION, DONATION, AKC REUNITE CANINE SUPPORT AND RELIEF FUND AMERICAN KENNEL CLUB, INC , 8051 ARC

Return Explanation
Reference

Form 990EZ, Part I, Line

Return Explanation
Reference

Form 990EZ, Part I, Line

DONATION, DONATION, PETS ON WHEELS P O BOX 44176, BALTIMORE, MD, 21236, N/A, 75

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, 2016 DEC SHOW 563 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, 2017 DEC SHOW 10863 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, 2017 JULY SHOW 9880 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, 2017 OBEDIENCE/RALLY 1868 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, AKC ANNUAL DUES 25 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, ANNUAL AWARDS 3003 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, BANK EXPENSES 37 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, COMMITTEES 120 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Depreciation 19 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, DINNERS - FOOD - PICNIC 215 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, JULY 2016 SHOW 21 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, MEETING 50 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, MISCELLANEOUS - OTHER 650 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, OFFICERS 189 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, OPERATING EXPENSES 1202 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, RDOD 4774 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, SUNSHINE 163 Part I, Line

Return Explanation Reference

Form 990EZ. CHECK THAT DID NOT CLEAR BY YEARS END 2017 2633 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. | 2016 CHECKS THAT CLEARED IN 2017 -6301

Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, DEPRECIATION ADJUSTMENT 66 47 Part II, Line