



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

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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).

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

BERRIEN KENNEL CLUB

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

Room/suite

415 NICHOLS RD

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

BENTON HARBOR, MI 49022-8402

D Employer identification number

38-6019231

E Telephone number

(269) 757-6238

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: ▶ BERRIENKC.WEBSPANNER.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

▶ \$

30,441

**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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	144
	4	Investment income	4	3,481
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	26,747
6c	Less: direct expenses from gaming and fundraising events	6c	21,589	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,158	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	69	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,852	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	11,010
	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	1,421
	14	Occupancy, rent, utilities, and maintenance	14	395
	15	Printing, publications, postage, and shipping	15	204
	16	Other expenses (describe in Schedule O)	16	3,083
17	<b>Total expenses.</b> Add lines 10 through 16	17	16,113	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,261)
	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	78,776
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	9,763
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	81,278

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

EEA

19

SCANNED MAY 21 2014

**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	78,776	22	81,278
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	78,776	25	81,278
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,776	27	81,278

**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 ☒**Expenses**

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

What is the organization's primary exempt purpose? PROMOTE PURE BRED DOGS, PUBLIC ED, SHOWS

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 BERRIEN COUNTY YOUTH FAIR TO SUPPORT THE DOG DEPT AND ACTIVITIES HELD AT THE ANNUAL FAIR. SUPPORT OF THE DEPT INCREASE AWARENESS OF PURE BRED AND EDUCATION OF PUBLIC (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	800
29 PROVIDE DOG TRAINING CLASSES IN CONFORMATION, AGILITY & OBEDIENCE. CLASSES ARE OPEN TO THE PUBLIC & MEMBERS. THE NUMBER OF PARTICIPANTS AND CLASSES VARY THROUGH-OUT THE YEAR (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	110
30 SCHOLARSHIPS - STUDENTS AWARDED SCHOLARSHIPS TO PURSUE SECONDARY EDUCATION. AMOUNTS ARE APPLIED TO TUITION AND FEES. NO STUDENTS APPLIED THIS YEAR (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) <u>SEE SERVICES</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	10,100
32 Total program service expenses (add lines 28a through 31a)	32	11,010

**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 (Form 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
REGINA HESS PRESIDENT	4	0	0	0
JANET NAHIKIAN VICE PRESIDENT	4	0	0	0
DEBBIE MARTIN REC. SECRETARY	2	0	0	0
KIM MCKIM SECRETARY	2	0	0	0
CONNIE PETERSON TREASURER	4	0	0	0
JUDY HINKELMAN DIRECTOR	2	0	0	0
NANCY SCHAUS DIRECTOR	2	0	0	0
MILLIE KEITH DIRECTOR	2	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 ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		X
<b>35 a</b> 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)?		X
<b>b</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		
<b>c</b> 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		X
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39 a</b> Initiation fees and capital contributions included on line 9	0	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	0	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
<b>b</b> Section 501(c)(3) and 501(c)(4) 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		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed		
<b>42 a</b> The organization's books are in care of <b>CONNIE PETERSON</b> Telephone no <b>269-757-6238</b> Located at <b>415 NICHOLS RD, BENTON HARBOR, MI</b> ZIP + 4 <b>49022-8402</b>		
<b>b</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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> 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		X
<b>43</b> 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		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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)		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 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 and 4947(a)(1) nonexempt charitable trusts 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

<b>Sign Here</b>	Signature of officer <i>Connie J Peterson</i>	Date 4/29/14			
	CONNIE PETERSON, TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Tonia M Williams	Preparer's signature <i>Tonia M Williams</i>	Date 4-24-2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00017729
	Firm's name Tonia M Williams CPA			Firm's EIN	
	Firm's address 5764 W Heverly Dr Portage MI 49024			Phone no 269-323-0334	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

**BERRIEN KENNEL CLUB**

**38-6019231**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		DOG SHOW (event type)	DOG SHOW (event type)	NONE (total number)	
Revenue	1 Gross receipts . . . . .	11,799	14,948		26,747
	2 Less Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	11,799	14,948		26,747
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	366	554		920
	6 Rent/facility costs . . . . .	1,733	500		2,233
	7 Food and beverages . . . . .	286	458		744
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	7,525	10,167		17,692
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				21,589
11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				5,158	

**Part III**

**Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue . . . . .				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

**2013**

**Open to Public  
Inspection**

**BERRIEN KENNEL CLUB**

Employer identification number

**38-6019231**

**01. Description of other revenue (Part I, line 8)**

DESCRIPTION	AMOUNT
-------------	--------

CLASS REVENUE	69
---------------	----

**02. List of grants and similar amounts paid (Part I, line 10)**

ACTIVITY	SERVICE DOG
----------	-------------

GRANTEE	BERRIEN COUNTY SHERIFF DEPARTMENT
---------	-----------------------------------

STREET	919 PORT STREET
--------	-----------------

CITY, STATE, ZIP	SAINT JOSEPH, MI 49085
------------------	------------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	10,000
--------	--------

ACTIVITY	BARK FOR LIFE - HONORING K-9 CAREGIVERS
----------	---

GRANTEE	AMERICAN CANCER SOCIETY
---------	-------------------------

STREET	7301 RED ARROW HIGHWAY
--------	------------------------

CITY, STATE, ZIP	STEVENSVILLE, MI 49127
------------------	------------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	100
--------	-----

ACTIVITY	DOG DEPARTMENT
----------	----------------

GRANTEE	BERRIEN COUNTY YOUTH FAIR
---------	---------------------------

STREET	9122 US HIGHWAY
--------	-----------------

CITY, STATE, ZIP	BERRIEN SPRINGS, MI 49103
------------------	---------------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	800
--------	-----



Name of the organization

BERRIEN KENNEL CLUB

Employer identification number

38-6019231

ACTIVITY CONFORMATION, AGILITY AND OBEDIENCE CLASSES

RELATIONSHIP PUBLIC AND MEMBER PARTICIPANTS

AMOUNT 110

## 03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
-------------	--------

INSURANCE	496
-----------	-----

MEETING EXPENSES	1,851
------------------	-------

BANK FEES	43
-----------	----

MI ANNUAL REG FEE	20
-------------------	----

SEMINAR EXPENSES	673
------------------	-----

## 04. Other changes in net assets or fund balances (Part I, line 20)

DESCRIPTION	AMOUNT
-------------	--------

CHANGE IN MKT VALUE OF INVESTMENTS	9,763
------------------------------------	-------

## 05. Other program services (Part III, line 31)

SEE LIST OF GRANTS AND SIMILAR AMOUNTS PAID ON SCHEDULE O