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# SCANNED DEC 22

#### **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

		ue Service	► Information about Fo	orm 990 and its instructions is	at www.ir	s.gov/form990.	Inspection
A F	or the	2013 calend	lar year, or tax year beginning J	UN 1, 2013 and	ending M	AY 31, 2014	
B c	heck if oplicable	C Name o	forganization			D Employer identific	ation number
X	Addres change	s HUNT	ING RETRIEVER CLUB	INC			
$\perp$	Name change		lusiness As			1	750231
	Initial return		r and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	
<u>_</u>	Termin- ated		CARROLLTON RD			662-2	226-2862
$\perp$	Amend	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	198958.
	Applica tion pending	GVEN	IADA, MS 38901		<u></u>	H(a) is this a group ret	
	penani	F Name a	ind address of principal officer GLE CARROLLTON RD, GRE			for subordinates? <b>H(b)</b> Are all subordinates inc	
1 T	ax-exe	mpt status.	X 501(c)(3) 501(c)( )	◄ (insert no.)  4947(a)(1) or experiments   4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	or 527	If "No," attach a I	ist (see instructions)
		e: N/A				H(c) Group exemption	number >
		organization:	X Corporation Trust As	ssociation Other >	L Year	of formation: 1984 M	State of legal domicile: LA
		Summary					
_	1 E	Briefly describ	pe the organization's mission or most	significant activities: ANIMA	AL RES	SEARCH AND EL	DUCATION
Governance		•	•	-			
rna	2	Check this bo	x In the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net ass	sets
)Ve		Number of vo	ting members of the governing body	(Part VI, line 1a)		3	143
ŏ			dependent voting members of the go			4	143
S S			of individuals employed in calendar			5	0
ıtıe.	6 7	otal number	of volunteers (estimate if necessary)			6	0
Activities &	7 a 7	otal unrelate	d business revenue from Part VIII, co	olumn (C), line 12		7a	0.
A	b١	Net unrelated	business taxable income from Form	990-T, line 34		7b	0.
						Prior Year	Current Year
đ	8 (	Contributions	60918.	0.			
ž	0 5	Program con/	ice revenue (Part VIII, line 2a)		140778.	198941.	
Revenue	10 li	nvestment in	come (Part VIII, column (A), lines 3, 4	and 700 COLOR		0.	17.
Œ	11 (	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	9c, 10c, and 11e)		0.	_0.
			- add lines 8 through 11 (must equal	1 1	18 L	201696.	198958.
	13 (	Grants and si	milar amounts paid (Part IX, column	A), lines\\(\(\beta\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lől L	0.	0.
	14 E	Benefits paid	to or for members (Part IX, column (A		O-SE	0.	0.
g	15 8	Salaries, othe	r compensation, employee benefits (	Part IX, column (A), lines 5 10		0.	0.
nse	16a F	Professional f	undraising fees (Part IX, column (A),	line 1 fe) GUEN, U		0.	0.
Expenses	bΊ	otal fundrais	ing expenses (Part IX, column (D), lin	e 25)	<u>-0</u> .		
ũ	17 (	Other expens	es (Part IX, column (A), lines 11a-11d	l, 11f-24e)		157224.	104753.
	18 7	otal expense	es Add lines 13-17 (must equal Part l	IX, column (A), line 25)		157224.	104753.
	19 F	Revenue less	expenses Subtract line 18 from line	12		44472.	94205.
or					Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 7	Total assets (	Part X, line 16)			227045.	<u>321250.</u>
t As	<b>21</b> T	Total liabilities	(Part X, line 26)			0.	0.
활	22 N		fund balances Subtract line 21 from	line 20		227045.	321250.
Pa	rt II	Signature					
			I declare that I have examined this return				knowledge and belief, it is
true,	correct	, and complete	. Declaration of preparer (other than offic	er) is based on all information of wh	iich preparei	r has any knowledge.	<b>.</b>
			enn E Due			11/21	12014
Sigr	١ ٦	Signatur	e of officer			Date /	
Her	e		IN DYE, TREASURER print name and title				
		Print/Type pre	parer's name	Preparer's signature		Date Check	PTIN
Paid	i		RK KING	JOHN MARK KING	1	1/10/14 of self-employe	P00325479
Prep	F	Firm's name		PA, PA	,-	Firm's EIN	64-0920200
Use	- F		P. O. BOX 2018				(
	,		GRENADA, MS 3890	2		Phone no. 6.63	2-227-1811
— Mav	the IR	S discuss the	s return with the preparer shown abo			1	X Yes No

		NG RETRIEVER CLUB INC	<u>58-17502</u>	31 Page <b>2</b>
Pa	t III Statement of Program	Service Accomplishments		
		a response or note to any line in this Part III		
1	Briefly describe the organization's mi			
	ANIMAL RESEARCH AND	) EDUCATION		
2	Did the organization undertake any si	ignificant program services during the year which v	vere not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services	on Schedule O		
3	•	ig, or make significant changes in how it conducts,	any program services?	Yes X No
•	If "Yes," describe these changes on \$	-		
4		service accomplishments for each of its three large	est program services, as measured by ext	nenses
•		izations are required to report the amount of grants		
	revenue, if any, for each program sen	_	s and anocations to others, the total expe	rises, and
4-			\ /-	1000E0 \
4a	(Code) (Expenses \$			198958.)
		S AND PROVIDING GRANTS AND	EDUCATIONAL SCHOLAR	SHIPS
	FOR ANIMAL RESEARCE	1.		
		·		
				-
4h	10		\ /a	
4b	(Code ) (Expenses \$	including grants of \$		,
				<del></del>
				<del></del>
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
		<del></del>		
				· · · · · · · · · · · · · · · · · · ·
				<del></del>
			· · · · · · · · · · · · · · · · · · ·	
	011			
4d	Other program services (Describe in S			
	(Expenses \$	including grants of \$	(Revenue \$	
	Total program service expenses ▶	98654.		

Folm 990 (2013) HUNTING RETRIEVER CLUB INC
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	<u>X</u>	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. 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	4		x
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_x_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ţ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
400	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ızu		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			]
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	<u> </u>	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		,,
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
<u>D</u>	ii res to iing zoa, dio the organization attach a copy of its audited iinancial statements to this return?		000	(2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	00		<b>.</b>
~~	complete Schedule L, Part II	_26_		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 21
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34	_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36	ļ. <del></del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
20		1	l .	
38	Note. All Form 990 filers are required to complete Schedule O	38		X

<u>u</u>	in 100, has it lied a form 720 to report these payments: in 140, provide an explanation in Schedule U		000	(2013)
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		- 43
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	Enter the amount of reserves on hand			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	Note. See the instructions for additional information the organization must report on Schedule O			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	amounts due or received from them)			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
	Gross income from members or shareholders			
	Section 501(c)(12) organizations. Enter			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(7) organizations. Enter			-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Did the organization make any taxable distributions under section 4966?	9a		
9	Sponsoring organizations maintaining donor advised funds.			
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/11	-	
-	If the organization received a contribution of qualified intellectual property, and the organization file Form 8899 as required.  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
-	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
С	to file Form 8282?	70		Х
	Did the organization notify the donor of the value of the goods of services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		Х
7		6b		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	64		
h	•	6a		
6a	any contributions that were not tax deductible as charitable contributions?	60		Х
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	SC		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
<b>5</b> ~	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Y
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>L</b>	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.	4a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "You " has it filed a Form 990 T for this year? If "No " to line 3h, provide an explanation in Schooling O.	3a		<u>X</u> _
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
L	filed for the calendar year ending with or within the year covered by this return  2a 0			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	(gambling) winnings to prize winners?  Set on the purplement of proplement and an England of Managed Tou Statements.	1c		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b 0			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable  1a 0			
	1 1		Yes	No
	Check if Schedule O contains a response or note to any line in this Part V			┸

Form 990 (2013) HUNTING RETRIEVER CLUB INC 58-1750231 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 143 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 143 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \_\_\_ Own website ■ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

Form **990** (2013)

58175021

38901

GLENN DYE - 901-487-0246 8652 CARROLLTON RD, GRENADA

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	organization compensa (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	oox, unless person is bottofficer and a director/trus				h an	compensation	compensation	amount of
	week	$\vdash$					itee)	from	from related	other
	(list any hours for	Tect				L		the	organizations (W 2/1099-MISC)	compensation
	related	0.0	ᆲ			sated		organization (W-2/1099-MISC)	(W 2/ 1099-WISC)	from the organization
	organizations	ruste	l trus		,ee	шБеп		(44-27 1099-141100)		and related
	below	duali	Institutional trustee	_	oldm	S se	_			organizations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			<b>3</b>
(1) TRACY STUBBS	0.00									
PRESIDENT		X		X				0.	0.	0 .
(2) MIKE BOTTS	0.00			:					_	
VICE PRESIDENT		X		X		<u> </u>	Ш	0.	0.	0.
(3) PATTY MUNSON	0.00							•		
SECRETARY	2 22	X		X	_			0.	0.	0 .
(4) GLENN DYE	0.00	٦,		3,5				•		
TREASURER		X		X			$\vdash$	0.	0.	0 .
<u> </u>										
										-
								-		
	<u> </u>									
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					-	-			<u> </u>	
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Form **990** (2013)

Section A. Officers, Directors, Trus	stees, Ney Em	pioy	ees	, and	u ni	gne	SIL	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box,	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	i	(F) stimate nount o other	_
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	ppensar rom the janizati d relate anizatio	e ion ed
	iii le)	Ē	SE.	5	Ke	<u>₹</u> 5	2			+		
	-											
									<del></del>			
		-		-		-						
						-						
			_		ļ <u></u>	<del>  -</del>				-		
				_								
	1	╁—								+-		
		1										
1b Sub-total							<b>&gt;</b>	0.				0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	0			<u>0.</u>
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wl	ho r			<u> </u>		
compensation from the organization											Yes	No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		res	
line 1a? If "Yes," complete Schedule J for							ادم ام	her compensation from	the ergenization	3		_X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsati	ion f	from	any	y uni			idual for services			
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedui	e J f	or si	uch	per	son				5	<u> </u>	X
Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
the organization Report compensation for	the calendar y	ear e	endı	ng v	vith	or w	/ithir		year.			
(A) Name and business	address	NO	ONI	Ė				<b>(B)</b> Description of s	services	Compe	C) ensatioi	n
					•							
2 Total number of independent contractors		not lu	mıte	d to		_	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ	ization >					0					990 (	20121

Form 990 (2013) HUNTING
Part VIII Statement of Revenue

ш-		Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
		Officer if Generalie G con	tains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ran	b		1b					
Ω,E	c	F	1c					
ifts ar A		Related organizations	1d					
3, G		Government grants (contribut						
Sir		All other contributions, gifts, gran						
her		similar amounts not included abo				1		
ă t	_	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f						
<u> </u>	<del>''</del>	Total: / Gd in eg Tu Ti		Business Code				
as I	2 2	HUNT TEST		900099	128298.	128298.		
Š		MEMBERSHIP DUES	3	900099	53288.	53288.		<del> </del>
Ser		NATIONAL MEETIN		900099	9280.	9280.		-
E Š	d	CULD DEED BEE	105	900099	7950.	7950.		
Peg		APPLICATION FE		900099	125.	125.		<del>                                     </del>
Program Service Revenue		All other program service reve		300033	123.	123.		<del>                                     </del>
		Total. Add lines 2a-2f	silde	<b>•</b>	198941.			
=	3	Investment income (including	dividende intere		170741.			
	3	other similar amounts)	dividends, intere	531, and	17.	17.		
	4	Income from investment of ta	v.ovomnt hond r	roceeds	± / • (	1/•		
	4	Royalties	ix-exempt bond t	noceeds				
	5	noyaliles	(i) Real	(II) Personal				<del>                                     </del>
	۰.	Gross rents	() near	(ii) reisonai				
	6 a				1			
		Less. rental expenses						
	C		<u> </u>					
		Net rental income or (loss)	(2) Consumtion	(i) Other				
	/ a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						<del> </del>
e le	8 a	Gross income from fundraisin	•					
Ven		including \$	of					
Other Revenu		contributions reported on line						
ē		Part IV, line 18	а					
₹		Less direct expenses	b					
Ì		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ad						
ŀ		Part IV, line 19	a					
ŀ		Less direct expenses	b					
		Net income or (loss) from gan	-					
	ıų a	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold	Ь					
ŀ	C	Net income or (loss) from sale						<del> </del>
ŀ		Miscellaneous Revenu		Business Code				
	11 a							<del> </del>
	b							<del> </del>
	C	All all an account	<del></del>					+
	d	All other revenue						
		Total. Add lines 11a-11d		<b>?</b>	198958.	100050		+
33200	<u>12                                    </u>	Total revenue. See instructions.			130330.	198958.	0 .	
10-29-	13							Form <b>990</b> (2013)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses' Grants and other assistance to governments and 1 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) 11 Management 800. 800 **b** Legal 2400. 2400. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 13553. 13553 Advertising and promotion 12 Office expenses 5083. 4083. 1000 13 Information technology 14 Royalties 15 16 Occupancy 34430 34430 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 599. Depreciation, depletion, and amortization 22 2320 2320 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) NATIONAL MEETINGS 27444 27444 POINT CLUB JACKETS 4416 4416. 4258 c SEMINAR 4258. 3547 d RULES COMMITTEE 3547. 5903 4603. 1300 All other expenses Total functional expenses. Add lines 1 through 24e 104753. 98654. 5500 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X Balance Sheet

rt X	Balance Sheet				
	Check if Schedule O contains a response or not	te to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		192595.	1	281488
2	Savings and temporary cash investments		26314.	2	30000
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		500.	4	500
5	Loans and other receivables from current and fo	ormer officers, directors,			
	trustees, key employees, and highest compens				
	Part II of Schedule L	. ,		5	
6	Loans and other receivables from other disquali	fied persons (as defined under			
	section 4958(f)(1)), persons described in section	•	1		
	employers and sponsoring organizations of sec				
	employees' beneficiary organizations (see instr)			6	
7	Notes and loans receivable, net		•"	7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
1 -	Land, buildings, and equipment cost or other				
	basis. Complete Part VI of Schedule D	10a 14911			
b	Less accumulated depreciation	10b 5649		10c	9262
11	Investments - publicly traded securities			11	
12	Investments - other securities See Part IV, line	11		12	
13	Investments · program-related See Part IV, line		13		
14	Intangible assets		14		
15	Other assets See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equ	227045.	16	321250	
17	Accounts payable and accrued expenses		17		
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
22	Loans and other payables to current and former				
	key employees, highest compensated employee				
	Complete Part II of Schedule L	•		22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate			24	
25	Other liabilities (including federal income tax, pa	•			
	parties, and other liabilities not included on lines				
	Schedule D	, .		25	
26	Total liabilities. Add lines 17 through 25		0.	26	0
	Organizations that follow SFAS 117 (ASC 958	3), check here X and			
	complete lines 27 through 29, and lines 33 ar				
27	Unrestricted net assets		227045.	27	321250
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (A	SC 958), check here			
	and complete lines 30 through 34.			-	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or ed			31	<del></del> -
32	Retained earnings, endowment, accumulated in			32	
33	Total net assets or fund balances		227045.	33	321250
34	Total liabilities and net assets/fund balances		227045.	34	321250

Form **990** (2013)

	1 990 (2013) HUNTING RETRIEVER CLUB INC	58-175	0231	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		i i			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>989</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 147</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		942	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	<u> 270</u>	<u>45.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32	212	<u>50.</u>
Pa	rt XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	į	

Form **990** (2013)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		HUNTI	IG RETRIEVER C	LUB I	NC				5	8-1750231
Part I	Reason	for Public Ch	arity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions		
The organi	zation is not a	a private foundation	on because it is (For lines 1	through	11, check	only one b	ox)			
1 🔲	A church, co	nvention of churc	hes, or association of churc	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	).		
2 🗀	A school des	cribed in section	170(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🔲	A hospital or	a cooperative ho	spital service organization o	described	n section	170(b)(1)(	(A)(iii).			
4	A medical res	search organization	on operated in conjunction	with a hos	pıtal desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and stat	e								
5	An organizati	on operated for t	ne benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental uni	t describ	ed in
	section 170	(b)(1)(A)(iv). (Com	plete Part II)							
6 🔲	A federal, sta	ite, or local gover	nment or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7 🔲	An organizati	on that normally	eceives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public described in
	section 170(	b)(1)(A)(vi). (Com	plete Part II )							
8 🔲	A community	trust described i	n <b>section 170(b)(1)(A)(vi).</b> (	(Complete	Part II)					
9 X	An organizati	on that normally	receives (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross receipts from
	activities rela	ted to its exempt	functions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross investment
	income and i	unrelated busines	s taxable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 30, 1975
		<b>509(a)(2).</b> (Compl								
	_		operated exclusively to tes							
	_	=	operated exclusively for th							
	* -		nizations described in section				2) See <b>se</b> o	ction 509(	<b>a)(3).</b> Ch	eck the box that
		· · · · · · · · · · · · · · · · · · ·	ng organization and comple					. — —		
	a L Type		• • • • • • • • • • • • • • • • • • • •	ype III - Fu	-	-		• •		n-functionally integrated
e	-		that the organization is not							
		=	er than one or more publicly						9(a)(1) or	section 509(a)(2)
f	_		vritten determination from t	the IRS tha	atitisa Iy	pe I, Type	II, or Type	) III		
		rganization, checl					60 60			
g	_		e organization accepted an							
	• •	<del>-</del>	indirectly controls, either ale	one or tog	etner with	persons o	iescribea i	ın (II) and (	III) Delow	
	•		e supported organization?							11g(i)
	• •		son described in (i) above?		-2					11g(ii)
	` '	•	f a person described in (i) o							11g(iii)
h	Provide the ti	ollowing informati	on about the supported org	yamzanom	(5)					
		an Fini	/*** T	(iv) Is the o	rganization	(v) Did you	i notify the	(vi) Is	the	/ ** A
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) h				lorganizatio	on In col.	(vii) Amount of monetary support
urya	nization			governing	document?	(i) of you	r support?	(i) organiz U.S	.?	Support
			(see instructions))	Yes	No	Yes	No	Yes	No	
									<u> </u>	
				<del> </del>		· · · · · · · · · · · · · · · · · · ·				
				<del> </del>						
[otal		I	l I	1	I	1	1	1	1	1

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			•
	fails to qualify under the tests	isted below, plea	ase complete Part	(III )			<u>_</u>
	ction A. Public Support		1		<del>.</del>		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")						
2	Tax revenues levied for the organ						
	ization's benefit and either paid to						
	or expended on its behalf	<del></del>		<b></b>	<del></del>	<del> </del>	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>	<del> </del>	<del> </del>		
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions						
	by each person (other than a		1				
	governmental unit or publicly				1		
	supported organization) included			•	1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)				1		
	.,						
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	i			<u></u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2005	(5) 2010	(6) 2011	(u) 2012	(e) 2010	(I) TOTAL
8	Gross income from interest,				-	<del>                                     </del>	
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			-	<u> </u>		
9	activities, whether or not the			Ì			
	business is regularly carried on						
10	Other income Do not include gain					-	
10	or loss from the sale of capital						
	assets (Explain in Part IV)			•			
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	L
	First five years. If the Form 990 is for			rd, fourth, or fifth t	tax vear as a secti		
	organization, check this box and stor		, 0000ma, mi	, ,	,	(-,(-)	▶□
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2013 (I			column (f))		14	9
15						15	9
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies						▶□
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	janization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"			•	•	J	▶□
b	10% -facts-and-circumstances tes	t - 2012. If the org	janization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Expla	in in Part IV how the	Э
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a <u>, 16b, 17a,</u> or 17	b, check this box	and see instruction	ıs ►

Schedule A (Form 990 or 990-EZ) 2013

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

	quality under the tests listed be	elow, please compl	ete Part II )				
	tion A. Public Support	<del></del>		T			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	58553.	48655.	60645.	60918.	53288.	282059.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	156563.	155089.	125036.	140778.	145653.	723119.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	215116.	203744.	185681.	201696.	198941.	1005178.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						1005178.
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	215116.	203744.	185681.	201696.	198941.	1005178.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	424.	1926.			17.	2367.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	424.	1926.			17.	2367.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	215540.	205670.	185681.	201696.	198958.	1007545.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectioi	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>▶</b>
Sec	tion C. Computation of Publi	c Support Per	centage	··			
15	Public support percentage for 2013 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))	1	15	99.77 %
16	Public support percentage from 2012	Schedule A, Part I	II, line 15			16	99.73 <u>%</u>
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	13 (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	.23 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	17 is not
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the						<b>▶</b> X
J	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A	(Form 990 or 990-EZ) 2013 H	UNTING RET	RIEVER CLUB	INC	58-1750231 Page 4
Part IV	Supplemental Informa	ation. Provide the e	xplanations required by	Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
	Also complete this part for ar				
				·	
		Ŧ	-		
		<del></del>			
		<del></del>			

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization  HUNTING RETRIEVER	CLUB INC	Em	58-1750231
Pai			or Acco	
	organization answered "Yes" to Form 990, Part IV, line			
	organization answered Tes to Com 550, Fair 19, mile	(a) Donor advised funds	(b) Fu	nds and other accounts
	Total number at and of year	(a) some as well as	(2)	
1	Total number at end of year			
2	Aggregate contributions to (during year)			<del>,</del>
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	•	d funds	
	are the organization's property, subject to the organization's	_		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring	
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the org		rt IV, line 7	,
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	orically imp	portant land area
	Protection of natural habitat	Preservation of a certific	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conser	vation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d		• •		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by the o	organizatio	on during the tax
_	year >	,	Ū	· ·
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements in			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		na the ve	
7	Amount of expenses incurred in monitoring, inspecting, and	_		
8	Does each conservation easement reported on line 2(d) above		•	
Ŭ	and section 170(h)(4)(B)(ii)?		/( -/( -/( -/( -/( -/( -/( -/( -/( -/( -	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	tatement.	
3	include, if applicable, the text of the footnote to the organization	•		
	conservation easements.	alon o manolar otatomorno that accombos th	io organizi	ation o accounting to
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	ner Simi	ilar Assets.
	Complete if the organization answered "Yes" to Form			
10	If the organization elected, as permitted under SFAS 116 (AS		ent and ha	lance sheet works of art
ıa	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri		oc or publi	o service, provide, irri ari XIII,
<b>L</b>	If the organization elected, as permitted under SFAS 116 (AS		nd balanc	so shoot works of art, bistorical
D	·			
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of public	ic service,	Provide the following amounts
	relating to these items			¢
	(i) Revenues included in Form 990, Part VIII, line 1			\$ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	gain, provi	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	_	
а	Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$ \$
b	Assets included in Form 990, Part X		<b>&gt;</b>	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 HUNTING	RETRIEVER	CLU	B INC				<u>58-17</u>	<u>5023</u> 2	L Pag	је <b>2</b>
Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	er Simi	lar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at are a s	ignificant	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	C	ı 🛄	Loan or exc	hange progra	ams					
b	Scholarly research	е	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılaı	r assets		_		
	to be sold to raise funds rather than to be ma								Yes	<u></u>	No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	ıncluded	_	7		
	on Form 990, Part X?							L_	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able <sup>.</sup>							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe								」Yes		No
	If "Yes," explain the arrangement in Part XIII										<del></del>
Par	t V   Endowment Funds. Complete i									<del></del>	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years ba	ack_
1a	Beginning of year balance			<del> </del>					<del></del>		
þ	Contributions			<u>-</u>							
С	Net investment earnings, gains, and losses								<b></b>		
d	Grants or scholarships								<b></b>		
е	Other expenditures for facilities										
	and programs								<del></del> -		
f	Administrative expenses						<del></del> -				
g	End of year balance				<u> </u>				L	<del></del> -	
2	Provide the estimated percentage of the curi	rent year end baland		g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should be a sh										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	na aaministe	erea for t	ne organi	zation	Г	<del></del> .	
	by									Yes I	No_
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		n Cabac	tulo DO					3a(ii)		
	If "Yes" to 3a(ii), are the related organizations	·							3b	1_	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent	iunus	· · · · · ·						—
rai	Complete if the organization answered		Part IV	line 11a S	ee Form 990	Part Y	lıne 1∩				
	Description of property	(a) Cost or o			or other		ccumulat	od	(d) Post		
	Description of property	basis (investr			or other (other)		ccumulat preciation		(d) Book	value	
	Lond	2230 (114031)	,		(511,01)	46		•			
	Land										
D	Buildings Leasehold improvements										—
C	Equipment										
d e	• •				14911.		5.6	49.		926	2
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X colun	nn (B). line 1				<b>D</b>		926	

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Complete if the organization answered "Yes" to Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation Cost or end	l-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)		-		
(E)				
<u>(F)</u>				
(G)				<del> </del>
(H)				
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del> </del>	1		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	to Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of val	luation Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				
(9)				
(9) •tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
(9)  Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.				
(9) •tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	to Form 990, Part IV, line	11d See Form 990, Pa	art X, line 15	
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [		11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [		11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2)		11d See Form 990, Pa	art X, line 15	<b>(b)</b> Book value
(9)  Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3)		11d See Form 990, Pa	art X, line 15	<b>(b)</b> Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d See Form 990, Pa	art X, line 15	<b>(b)</b> Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5)		11d See Form 990, Pa	art X, line 15	<b>(b)</b> Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)		11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7)		11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)		11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description	11d See Form 990, Pa	art X, line 15	(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.	Description			(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (i) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.	Description			(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2)	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3)	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11e or 11f See Form 9		(b) Book value
(9)  Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description	11e or 11f See Form 9		(b) Book value
(9)  Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Description	11e or 11f See Form 9		(b) Book value
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11e or 11f See Form 9		(b) Book value

Schedule D (Form 990) 2013	HUNTING RETRIEVER CLUB	B INC	<u> 58-17502</u>	31 Page 4
Part XI Reconciliat	ion of Revenue per Audited Financial S	Statements With Revenu	ie per Return.	
Complete if the	organization answered "Yes" to Form 990, Part IV,	line 12a		
1 Total revenue, gains, a	and other support per audited financial statements		1	
2 Amounts included on	line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains of	on investments	2a		
b Donated services and	use of facilities	2b		
c Recovenes of prior ye	ar grants	2c		
d Other (Describe in Par	-	2d		
e Add lines 2a through 2	•	<del></del>	2e	
3 Subtract line 2e from			3	
	Form 990, Part VIII, line 12, but not on line 1			
=	not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Par		4b		
c Add lines 4a and 4b			4c	
	es 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part XII Reconciliat	ion of Expenses per Audited Financial	Statements With Expen		
	e organization answered "Yes" to Form 990, Part IV,		•	
	sses per audited financial statements		1	
	line 1 but not on Form 990, Part IX, line 25			
5		2a		
<del>-</del>		2b	<del></del>	
b Prior year adjustments	5	2c		
c Other losses	4 VIII \	2d		
d Other (Describe in Par	•	_ <u>zu</u> ]		
e Add lines 2a through 2			2e	
3 Subtract line 2e from			3	
	Form 990, Part IX, line 25, but not on line 1	45		
	not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Par	t XIII)	4b		
c Add lines 4a and 4b			. 4c	
Part XIII Supplemen	nes 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	
				<del></del>
	juired for Part II, lines 3, 5, and 9, Part III, lines 1a ar		art v, line 4, Part X, line ∠,	Part XI,
nes 2d and 4b, and Part XI	I, lines 2d and 4b. Also complete this part to provide	e any additional information		
		· · · · · · · · · · · · · · · · · · ·	<u></u>	
				<del></del>
		<u> </u>		
			-	

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

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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 58-1750231 HUNTING RETRIEVER CLUB INC FORM 990 MEMBER CLASSES AND RIGHTS (PART VI, LINE 6) EXPLANATION: THERE ARE CURRENTLY 137 LOCAL CLUBS WHOSE GENERAL MEMBERSHIP EACH ELECTS A LOCAL PRESIDENT. EACH LOCAL PRESIDENT IS A VOTING MEMBER OF THE NATIONAL GOVERNING BODY, ALONG WITH THE ELECTED EXECUTIVE BOARD-PRES, VP, SEC AND TREAS, PAST-PRES AND ADMIN SECRETARY. THERE ARE A TOTAL OF 143 CURRENT VOTING MEMBERS OF THE GOVERNING BODY THAT MUST VOTE ON RULES AND BY-LAW CHANGES. ROUTINE BUSINESS DECIDED BY THE EXECUTIVE BOARD DOES NOT NEED GENERAL MEMBERSHIP APPROVAL. FORM 990 MEMBER ELECTION (PART VI, LINE 7A) EXPLANATION: THERE ARE CURRENTLY 137 LOCAL CLUBS WHOSE GENERAL MEMBERSHIP EACH ELECTS A LOCAL PRESIDENT. EACH LOCAL PRESIDENT IS A VOTING MEMBER OF THE NATIONAL GOVERNING BODY, ALONG WITH THE ELECTED EXECUTIVE BOARD-PRES, VP, SEC AND TREAS, PAST-PRES AND ADMIN SECRETARY. THERE ARE A TOTAL OF 143 CURRENT VOTING MEMBERS OF THE GOVERNING BODY THAT MUST VOTE ON RULES AND BY-LAW CHANGES. ROUTINE BUSINESS DECIDED BY THE EXECUTIVE BOARD DOES NOT NEED GENERAL MEMBERSHIP APPROVAL. FORM 990 GOVERNING BODY DECISIONS (PART VI, LINE 7B) EXPLANATION: THERE ARE CURRENTLY 137 LOCAL CLUBS WHOSE GENERAL MEMBERSHIP EACH ELECTS A LOCAL PRESIDENT. EACH LOCAL PRESIDENT IS A VOTING MEMBER OF THE NATIONAL GOVERNING BODY, ALONG WITH THE ELECTED EXECUTIVE BOARD - PRES, VP, SEC AND TREAS, PAST-PRES AND ADMIN SECRETARY. THERE ARE A TOTAL OF 143 CURRENT VOTING MEMBERS OF THE GOVERNING BODY THAT MUST VOTE ON RULES AND BY-LAW CHANGES. ROUTINE

BUSINESS DECIDED BY THE EXECUTIVE BOARD DOES NOT NEED GENERAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HUNTING RETRIEVER CLUB INC	Employer identification number 58-1750231
MEMBERSHIP APPROVAL.	
FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11)	
EXPLANATION: NO REVIEW WAS OR WILL BE CONDUCTED BY THE GO	VERNING BODY.
FORM 990 GOVERNING DOCUMENTS, ETC, AVAILABLE TO PUBLIC (P.	ART VI, LINE 19)
EXPLANATION: ALL GOVERNING DOCUMENTS AND TAX FILINGS ARE	AVAILABLE TO
THE PUBLIC UPON REQUEST.	<del></del>

### **4562**

Department of the Treasury Internal Revenue Service (99

#### Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

990

2013

Attachment Sequence No 179

Business or activity to which this form relates ldentifying number Name(s) shown on return 58-<u>1750231</u> HUNTING RETRIEVER CLUB INC FORM 990 PAGE 10 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2000000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property ) (See instructions ) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 520. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property in service 3-year property 19a 5-year property b 2225. 7 YRS. 200DB 79. MO 7-year property 10-year property 15-year property е 20-year property 25 yrs. S/L 25-year property q MM S/L 27 5 yrs Residential rental property h 27.5 yrs MM S/L MM S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System Class life S/L 20a S/L b 12-year 12 yrs 40 yrs 40-year MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 599. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

(b) (c) (d) **(f)** Description of costs Date amortization Code Amortization for this year begins rod or percentage 42 Amortization of costs that begins during your 2013 tax year 43 Amortization of costs that began before your 2013 tax year 43

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2013)

316252 12-19-13

#### Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

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	are filing for an Automatic 3-Month Extension, comple	-		Ab 6\		$\triangleright \mathbf{X}$	
	are filing for an Additional (Not Automatic) 3-Month Ex				-m 9969		
	complete Part II unless you have already been granted a		·	-		ornoration	
	nic filing (e-file). You can electronically file Form 8868 if y			•		•	
-	to file Form 990-T), or an additional (not automatic) 3-mor						
	o file any of the forms listed in Part I or Part II with the exc	•					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details	on the elec	ctronic filing of tr	iis torm,	
Part I	wirs gov/efile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time		submit original (no copies ne	eded)	<del></del>	_ <del></del>	
	ration required to file Form 990-T and requesting an autor	nauc o me	onth extension - check this box and	complete		<b>~</b> []	
Part I on	ry corporations (including 1120-C filers), partnerships, REM	IICo and t	runto must uso Form 7004 to reque	ot on ovton	soon of time		
	come tax returns	ics, and t	rusts must use i omi 7004 to reques			mumb or	
		ctions	<del></del>		er's identifying i		
Type or	Name of exempt organization or other filer, see instru	Ctions.		Employe	r identification n	Timper (Ella) or	
orint	HUNTING RETRIEVER CLUB INC				58-1750	221	
tle by the	Al website at and annual south as K - DO haves	oo inotriio	tions	Social so			
due date fo iling your	Number, street, and room or suite no. If a PO. box, si. 8652 CARROLLTON RD	ee mstruc	tions	Social Se	curity number (S	3014)	
eturn See		arougn add	lrace con matriotions	1			
nstruction:	City, town or post office, state, and ZIP code For a form GRENADA, MS 38901	reign add	ress, see instructions				
	GRENADA, MS 30301	<del></del>				<del></del>	
Entar th	Return code for the return that this application is for (file	a conara	te application for each return			0 1	
_11161 [11	s Neturn code for the return that this application is for the	a separa	te application for each returny				
Applica	ion	Return	Application		<del></del> -	Return	
s For	1011	Code	Is For			Code	
	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A	08			
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99		04	Form 5227			10	
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
01111 00	GLENN DYE		Tom core				
• The h	ooks are in the care of > 8652 CARROLLTO	מא ני	- GRENADA, MS 3890	1			
	hone No ▶ 901-487-0246		Fax No F	<b></b>	<del></del>		
•	organization does not have an office or place of business	s in the Lir	<u> </u>		<del></del>		
	is for a Group Return, enter the organization's four digit			lf this is fo	r the whole grou	n check this	
oox 🕨	If it is for part of the group, check this box	1			-	-	
	equest an automatic 3-month (6 months for a corporation				gro in o ontoriolo	11.10.101	
• • • • • • • • • • • • • • • • • • • •	JANUARY 15, 2015, to file the exemp	-			The extension		
ıs	for the organization's return for	· <b>J</b> - · · · · · · ·					
<b>&gt;</b>	calendar year or						
•	X tax year beginning JUN 1, 2013	. an	d ending <u>MAY 31, 2014</u>	:			
_	<u> </u>		<u> </u>		_		
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n		
	Change in accounting period						
3a If t	his application is for Forms 990·BL, 990·PF, 990·T, 4720,	or 6069.	enter the tentative tax, less anv				
	nrefundable credits. See instructions	•	,	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
	timated tax payments made Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a Include your pa						
	using EFTPS (Electronic Federal Tax Payment System)	-		3c	\$	0.	
	If you are going to make an electronic funds withdrawal				nd Form 8879-E		
nstruction							

Form 8868 (Rev 1-2014)

323841 12-31-13

For Privacy Act and Paperwork Reduction Act Notice, see instructions.