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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SPRINGFIELD KENNEL CLUB INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite
100 JOHN HALEY RDRoom/suite
City or town, state or province, country, and ZIP or foreign postal code
BRIMFIELD, MA 010102196

D Employer identification number
90-0609146
E Telephone number
(413) 245-1516
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: SPRINGFIELDKENNELCLUB.ORG

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(4) (Insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 60,750

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	55	
	2	Program service revenue including government fees and contracts		2	59,481	
	3	Membership dues and assessments		3	810	
	4	Investment income		4	130	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			0
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			0
	c	Less direct expenses from gaming and fundraising events	6c			0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
8	Other revenue (describe in Schedule O)		8	274		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	60,750		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	5,893	
	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	500	
	14	Occupancy, rent, utilities, and maintenance		14	18,612	
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)		16	31,467	
	17	Total expenses. Add lines 10 through 16		17	56,472	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,278	
	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	122,431	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	126,709	

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	122,061	22	126,709
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	370	24	
25 Total assets	122,431	25	126,709
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,431	27	126,709

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
ALL BREED DOG CLUB HOLDING EVENTS

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

WE ARE ACTIVE IN THE SPRINGFIELD MASSACHUSETTS AREA, AND ARE INVOLVED IN COMMUNITY MATTERS PERTAINING TO PURE BRED DOGS. WE HOLD EDUCATIONAL EVENTS AND CLINICS FOR THE PUBLIC, INCLUDING SHOWS, EYE CLINICS, CANINE GOOD CITIZENSHIP AND PUBLIC EDUCATION.
(Grants \$ 5,893) If this amount includes foreign grants, check here

28a

56,472

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

56,472

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JANET MCMILLAN-ZWIRKO PRESIDENT	10 00	0		
JUDY HARRINGTON VICE PRESIDENT	5 00	0		
ROBERTA DAVIES TREASURER	8 00	0		
JACQUELINE ROSNER RECORDING SECRETARY	5 00	0		
DONNA ROY CORRESPONDING SECRETARY	5 00	0		
DR THOMAS DAVIES AKC DELEGATE	4 00	0		
MARIE FALCONER DIRECTOR	3 00	0		
ALMA HAYES DIRECTOR	3 00	0		
LAURIE MERRITT DIRECTOR	3 00	0		
CAROL MORSE DIRECTOR	3 00	0		
ANN SALIBA DIRECTOR	3 00	0		

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter 39a		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>ROBERTA DAVIES</u> Telephone no ▶ <u>(413) 245-1516</u> Located at ▶ <u>100 JOHN HALEY RD BRIMFIELD, MA</u> ZIP + 4 ▶ <u>010102196</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			

Part VI

Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
d Total number of other independent contractors each receiving over \$100,000.		
52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2016-08-04 Date				
	ROBERTA DAVIES TREASURER Type or print name and title						
Paid Preparer Use Only	Prnt/Type preparer's name KEREN S STAUBS		Preparer's signature		Date 2016-08-06	Check ☒ if self-employed	PTIN
	Firm's name ▶ EDMUND R SLEDZIK & ASSOCIATES LLC					Firm's EIN ▶	
	Firm's address ▶ 1704 SHAGBARK CIRCLE RESTON, VA 201904437					Phone no (703) 471-7584	
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization SPRINGFIELD KENNEL CLUB INC	Employer identification number 90-0609146
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	ADJUSTMENT TO BALANCE FOR ROUND OFFS 1
Form 990EZ, Part I, Line 8	UNCASHED CHECKS 30
Form 990EZ, Part I, Line 8	INSURANCE REFUND 243
Form 990EZ, Part I, Line 10	DONATION, DONATION, HAMPDEN COUNTY 4-H FAIR DOG SHOW C/O ADELA ZYRA, 12 WALLACE AVE, CHICOPEE, MA,
Form 990EZ, Part I, Line 10	DONATION, DONATION, NATIONAL ANIMAL INTEREST ALLIANCE P.O. BOX 66579, PORTLAND, OR, 972906579, N/A,
Form 990EZ, Part I, Line 10	DONATION, DONATION, SPRINGFIELD POLICE K9 UNIT 130 PEARL STREET, SPRINGFIELD, MA, 01105, N/A, BARET
Form 990EZ, Part I, Line 16	DONATIONS TO NON 501(C)(3) CHARITIES 100
Form 990EZ, Part I, Line 16	DUES - AKC DUES & MASS FED 75
Form 990EZ, Part I, Line 16	HEALTH CLINICS 6659
Form 990EZ, Part I, Line 16	HOLIDAY PARTY 837
Form 990EZ, Part I, Line 16	INCORPORATION COSTS 15
Form 990EZ, Part I, Line 16	INSURANCE 2492
Form 990EZ, Part I, Line 16	MEETINGS 896
Form 990EZ, Part I, Line 16	MEMBER AWARDS 251
Form 990EZ, Part I, Line 16	MISCELLANEOUS ADJUSTMENTS 370
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 92
Form 990EZ, Part I, Line 16	SHOW EXPENSES 19418
Form 990EZ, Part I, Line 16	SUNSHINE 172
Form 990EZ, Part I, Line 16	WEBSITE 90
Form 990EZ, Part II, Line 24	ASSETS DEPRECIATED 370 0