

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

2017

Open to Public Inspection

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

City or town, state or province, country, and ZIP or foreign postal code
BRIMFIELD, MA 010102196

(413) 245-1516

F Group Exemption Number	Exemption	Exemption Description
1	Exemption 1	Exemption 1
2	Exemption 2	Exemption 2
3	Exemption 3	Exemption 3
4	Exemption 4	Exemption 4
5	Exemption 5	Exemption 5
6	Exemption 6	Exemption 6
7	Exemption 7	Exemption 7
8	Exemption 8	Exemption 8
9	Exemption 9	Exemption 9
10	Exemption 10	Exemption 10
11	Exemption 11	Exemption 11
12	Exemption 12	Exemption 12
13	Exemption 13	Exemption 13
14	Exemption 14	Exemption 14
15	Exemption 15	Exemption 15
16	Exemption 16	Exemption 16
17	Exemption 17	Exemption 17
18	Exemption 18	Exemption 18
19	Exemption 19	Exemption 19
20	Exemption 20	Exemption 20
21	Exemption 21	Exemption 21
22	Exemption 22	Exemption 22
23	Exemption 23	Exemption 23
24	Exemption 24	Exemption 24
25	Exemption 25	Exemption 25
26	Exemption 26	Exemption 26
27	Exemption 27	Exemption 27
28	Exemption 28	Exemption 28
29	Exemption 29	Exemption 29
30	Exemption 30	Exemption 30
31	Exemption 31	Exemption 31
32	Exemption 32	Exemption 32
33	Exemption 33	Exemption 33
34	Exemption 34	Exemption 34
35	Exemption 35	Exemption 35
36	Exemption 36	Exemption 36
37	Exemption 37	Exemption 37
38	Exemption 38	Exemption 38
39	Exemption 39	Exemption 39
40	Exemption 40	Exemption 40
41	Exemption 41	Exemption 41
42	Exemption 42	Exemption 42
43	Exemption 43	Exemption 43
44	Exemption 44	Exemption 44
45	Exemption 45	Exemption 45
46	Exemption 46	Exemption 46
47	Exemption 47	Exemption 47
48	Exemption 48	Exemption 48
49	Exemption 49	Exemption 49
50	Exemption 50	Exemption 50
51	Exemption 51	Exemption 51
52	Exemption 52	Exemption 52
53	Exemption 53	Exemption 53
54	Exemption 54	Exemption 54
55	Exemption 55	Exemption 55
56	Exemption 56	Exemption 56
57	Exemption 57	Exemption 57
58	Exemption 58	Exemption 58
59	Exemption 59	Exemption 59
60	Exemption 60	Exemption 60
61	Exemption 61	Exemption 61
62	Exemption 62	Exemption 62
63	Exemption 63	Exemption 63
64	Exemption 64	Exemption 64
65	Exemption 65	Exemption 65
66	Exemption 66	Exemption 66
67	Exemption 67	Exemption 67
68	Exemption 68	Exemption 68
69	Exemption 69	Exemption 69
70	Exemption 70	Exemption 70
71	Exemption 71	Exemption 71
72	Exemption 72	Exemption 72
73	Exemption 73	Exemption 73
74	Exemption 74	Exemption 74
75	Exemption 75	Exemption 75
76	Exemption 76	Exemption 76
77	Exemption 77	Exemption 77
78	Exemption 78	Exemption 78
79	Exemption 79	Exemption 79
80	Exemption 80	Exemption 80
81	Exemption 81	Exemption 81
82	Exemption 82	Exemption 82
83	Exemption 83	Exemption 83
84	Exemption 84	Exemption 84
85	Exemption 85	Exemption 85
86	Exemption 86	Exemption 86
87	Exemption 87	Exemption 87
88	Exemption 88	Exemption 88
89	Exemption 89	Exemption 89
90	Exemption 90	Exemption 90
91	Exemption 91	Exemption 91
92	Exemption 92	Exemption 92
93	Exemption 93	Exemption 93
94	Exemption 94	Exemption 94
95	Exemption 95	Exemption 95
96	Exemption 96	Exemption 96
97	Exemption 97	Exemption 97
98	Exemption 98	Exemption 98
99	Exemption 99	Exemption 99
100	Exemption 100	Exemption 100

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$ 45,867

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	0	
	2	Program service revenue including government fees and contracts		2	44,717	
	3	Membership dues and assessments		3	700	
	4	Investment income		4	450	
	5a	Gross amount from sale of assets other than inventory	5a		5c	0
	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)				
	6	Gaming and fundraising events		6d	0	
	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)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	0
b	Less cost of goods sold	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)		8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	45,867		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	775	
	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	17,628	
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)		16	28,681	
	17	Total expenses. Add lines 10 through 16 ▶		17	47,584	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,717	
	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	132,797	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	54	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	131,134	

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	132,797	22 131,134
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	132,797	25 131,134
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,797	27 131,134

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
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	47,584

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	10 00	0		
PRESIDENT				
JUDY HARRINGTON	5 00	0		
VICE PRESIDENT				
ROBERTA DAVIES	8 00	0		
TREASURER				
JACQUELINE ROSNER	5 00	0		
RECORDING SECRETARY				
DONNA ROY	5 00	0		
CORRESPONDING SECRETARY				
DR THOMAS DAVIES	4 00	0		
AKC DELEGATE				
KATHY BROSKA	3 00	0		
DIRECTOR				
MARIE FALCONER	3 00	0		
DIRECTOR				
LAURIE MERRITT	3 00	0		
DIRECTOR				
CAROL MORSE	3 00	0		
DIRECTOR				
ANN SALIBA	3 00	0		
DIRECTOR				

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		
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 ▶ ROBERTA DAVIES Telephone no ▶ (413) 245-1516 Located at ▶ 100 JOHN HALEY RD BRIMFIELD, MA ZIP + 4 ▶ 010102196		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 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? If "Yes," Form 990 must be completed instead of Form 990-EZ	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? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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		2018-07-22 Date		
	ROBERTA DAVIES, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KEREN S STAUBS	Preparer's signature	Date 2018-07-31	Check ☒ if self-employed	PTIN P00849994
	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

Additional Data

Software ID:
Software Version:
EIN: 90-0609146
Name: SPRINGFIELD KENNEL CLUB INC

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

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 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 \$ 775) If this amount includes foreign grants, check here . . . ☐		28a	47,584

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SPRINGFIELD KENNEL CLUB INC

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

2017

Open to Public Inspection

Employer identification number

90-0609146

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	DONATION, DONATION, AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC P O BOX 900061, RALEIGH, N

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	DONATION, DONATION, NATIONAL ANIMAL INTEREST ALLIANCE P O BOX 66579, PORTLAND, OR, 972906579, N/A,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	DONATION, DONATION, SPRINGFIELD POLICA K-9 UNIT 130 PEARL STREET, SPRINGFIELD, MA, 01105, N/A, 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	4-H PHOTOGRAPHS 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES - AKC DUES & MASS FED 75

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	HEALTH CLINICS 5613

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	HOLIDAY PARTY 757

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INCORPORATION COSTS 15

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 1286

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MEETINGS 580

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MEMBER AWARDS 84

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 56

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	SEMINARS 110

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	SHOW EXPENSES 19692

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TROPHIES 121

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	WEBSITE 92

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 20	FISCAL YEAR 2017 CHECK THAT DID NOT CLEAR BY YEARS END 54