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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 black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form
► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 6/01 , 2007, and ending 5/31 , 2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
PALOUSE HILLS DOG FANCIERS, INC.
C/O MARIE TAYLOR
131953 SR 26
COLFAX, WA 99111

D Employer identification number
91-6035250

E Telephone number
(208) 882-0420

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: [X] Cash [ ] Accrual
Other (specify) ►

I **Website:** ► www.phdf.org

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

J Organization type (check only one) — [X] 501(c) (4) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 33,426.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	2,513.
	2	Program service revenue including government fees and contracts	2	29,193.
	3	Membership dues and assessments	3	820.
	4	Investment income	4	900.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory. Subtract ln 5b from ln 5a (attach schd)	5c	
	6	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	33,426.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 1)	16	34,740.
	17	**Total expenses** (add lines 10 through 16) ►	17	34,740.
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 9	18	-1,314.
	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	21,759.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	20,445.

Part II Balance Sheets — If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	21,759.	22	20,445.
23	Land and buildings		23	
24	Other assets (describe ► _____)		24	
25	**Total assets**	21,759.	25	20,445.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	21,759.	27	20,445.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	ORGANIZED SHOWS FOR AMERICAN KENNEL CLUB, ASSISTED WITH 4H CLUB AND DOG RELATED EVENTS, PROVIDED DONATIONS TO ANIMAL CHARITIES		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	34,740.
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 (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses.** Add lines 28a through 31a ▶	32	34,740.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 3		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.) See Statement 4

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* **not** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			

Part V **Other Information** (Note the statement requirement in the instructions.) *(Continued)*

		Yes	No
40a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A		
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.		
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X

41 List the states with which a copy of this return is filed ► None

42 a The books are in care of ► MARIE TAYLOR Telephone no. ► (509) 397-4508

Located at ► 131953 SR 26 COLFAX WA ZIP + 4 ► 99111

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►		X

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* ***Form 1041*** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

Please Sign Here

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

► M Taylor — Signature of officer — Date 10-5-10

► Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Brad Lewis	Date 10-5-2010	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Hayden & Ross, P.A. 315 S. Almon Moscow, ID 83843		EIN ► N/A Phone no ► (208) 882-5547	

PALOUSE HILLS DOG FANCIERS, INC.
C/O MARIE TAYLOR
91-6035250

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

AGILITY EXPENSES	$ 1,126.
APPLICATION FEE	800.
CLUB AWARDS	100.
CLUB PICNICS & PARTIES	97.
COMPETITION FEES	18,471.
DONATIONS	1,200.
DUES AND SUBSCRIPTIONS	50.
EQUIPMENT RENTAL	2,494.
INSTRUCTION	2,500.
INSURANCE	718.
INTERNET EXPENSES	425.
MATCH EXPENSE	611.
PROFESSIONAL FEES	10.
REFUNDS	268.
SAFE DEPOSIT BOX	25.
SHOW EXPENSES	848.
SHOWS SETTLEMENT	3,336.
SUPPLIES	203.
Travel	310.
TRIAL EXPENSES	1,148.
Total	$ 34,740.

Statement 2
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

THE OBJECTS OF THE CLUB SHALL BE: (A) TO FURTHER THE ADVANCEMENT OF ALL BREEDS OF PUREBRED DOGS; (B) TO DO ALL IN ITS POWER TO PROTECT AND ADVANCE THE INTERESTS OF ALL BREEDS OF PUREBRED DOGS AND TO ENCOURAGE SPORTSMANLIKE CONDUCT AT DOG SHOWS AND OBEDIENCE TRIALS; (C) TO CONDUCT SANCTIONED MATCHES, DOG SHOWS AND OBEDIENCE TRIALS UNDER THE RULES OF THE AMREICAN KENNEL CLUB; (D) TO PROMOTE RESPONSIBLE OWNERSHIP OF ALL DOGS.

Statement 3
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
GAYE BROCKETT PO BOX 215 ENDICOTT, WA 99125	President 0	$ 0.	$ 0.	$ 0.
JUDY ARNESON 401 DEAN ST ENDICOTT, WA 99125	Vice President 0	0.	0.	0.

Statement 3 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
MARIE TAYLOR 131953 SR 26 COLFAX, WA 99111	Treasurer 0	$ 0.	$ 0.	$ 0.
KAREN MARQUARDT 377370 HWY 95 DESMET, ID 83824	Secretary 0	0.	0.	0.
CINDY CURRY PO BOX 77 ENDICOTT, WA 99125	Secretary 0	0.	0.	0.
BOBBIE FOY 1325 MOUNTAIN VIEW ROAD MOSCOW, ID 83843	Director 0	0.	0.	0.
DENISE WAITING 1612 ROSE CREEK RD PULLMAN, WA 99163	Director 0	0.	0.	0.
MARTI WILKISON 2398 HARMONY OROFINO, ID 83544	Director 0	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No