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2008

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Open to Public Inspection

OMB No 1545-1150

	A	For the 2008 ca	alendar	year, or tax year b	eginning	6/01	, 2008	, and en	nding	5/31		, 2009	
	В	Check if applicable		С						D	Employer	identification number	
		Address change	Please use IRS	PALOUSE HIL	LS DOG	FANCTERS.	TNC				91-60	035250 ·	
		Name change	label or print or	C/O MARIE T		12.022107	1110.			E	Telephone		
	口	Initial return	type	131953 SR 2						-	•		
		Termination	See Specific	COLFAX, WA						-	(208)	882-0420	
	ᆸ	Amended return	Instruc- tions.							F	Group E	emption	
_	Ш	Application pending	L								Number		
		• Section : m	501(c)(3 just atta) organizations an och a completed Se	d 4947(a)(1) chedule A (1	nonexempt c Form 990 or 95	haritable trusts 90-EZ).			counting me er (specify)			
-									†	eck - X		ganization is not	
- 1	1	Website: ► <u>w</u>	ww.pl	ndf.org					req	uired to att	ach Sche	edule B (Form 990,	
3	<u>J</u>	Organization type (check only one) — X 501(c) (4) ◀ (Insert no.) 4947(a)(1) or 527 990-EZ, or 990-P.											
ļ		Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are no								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.											
1				7b, to line 9 to dete	ermine gros	s receipts; if \$	1,000,000 or mo	ore, file	Form 9	90	~ ^	40,178.	
г		instead of Forn			Change	in Nat Ass	-A F I	D-1	(C.				
	ra			Expenses, and			ets or Funa i	Balanc	ces (S	ee the ins			
				fts, grants, and sim			1_	٠	•		1	7,131.	
00				revenue including		rees and con	tracts				2	32,079.	
8	'		•	s and assessments	3		•				3	814.	
SCANNED		4 Investme			. 41 11	·		! = .!			4	154.	
2				om sale of assets of		iventory		5a			i		
8				er basis and sales	•		F-5 /-# US	5 b					
Ö	MCZM <m2< td=""><td>•</td><td>•</td><td>ale of assets other than</td><td></td><td></td><td></td><td></td><td>al. b</td><td></td><td>5c</td><td></td></m2<>	•	•	ale of assets other than					al. b		5c		
	Ě	•		tivities (complete applic	able parts of s		•	ning, cne	ck nere		J		
) J J	NU		•	not including \$		of cor	ntributions						
_	E	reported		•			•	6a			_		
8			•	nses other than fu	_	•		6 b					
6				from special events and	-		line 6a)	1 1			6c	*	
2(ventory, less returi	ns and allov	vances		7a					
010		b Less: cos						_7b_					
_		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).						7с					
		8 Other revenue (describe ►)							8				
_		9 Total rev	enue (a	dd lines 1, 2, 3, 4,	5c, 6c, 7c,	and 8)					▶ 9	40,178.	
	E	10 Grants ar	id simila	ar amounts paid (a	ttach sched	ule)			•		10		
		11 Benefits paid to or for members						11					
	X	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occurrency root, utilities, and mointenance.						12					
	E N S	13 Professio	nal fees	and other paymer	nts to indep	endent contrac	ders/ED	1			13		
	Š	14 Occupant	y, rent,	utilities, and main	tenance	一、尺にし		اد	•		14		
	E	15 Printing,	publicat	ions, postage, and	shipping		19	21			15		
				ribe► <u>See Stat</u>		<mark>≋\ oc⊺</mark> 1		<u> </u>)	16	29,965.	
_	_	17 Total exp	enses (add lines 10 throu	gh 16)	छ। ।।।		8			▶ 17	29 , 965.	
		18 Excess of	r (defici	t) for the year (Sub	tract line 🕻	7 from line-9)	->1 4 tT	-1			18	10,213.	
1	N S	19 Net asset	s or fun	d balances at begi	nning of ve	ar (from line)	Edolumia (A)) (must ac	aree wit	h end-of-ve	ar		
į	N S E S T E	figure rep	orted o	n prior year's retur	n)						19	20,445.	
	' Ŧ			net assets or fund							20		
_			s or fun	d balances at end	of year Co	mbine lines 18	through 20				▶ 21	30,658.	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 in								orm 990 in	stead of	Form 990-EZ			
				(See the instru	ictions for F	art II)		1	(A) B	eginning of	year	(B) End of year	
	22	Cash, savings		rvestments				. [20,44	15. 22	30,658.	
	23	Land and buil	-					. [23		
	24	Other assets	(describ	ne ►)	[24		
	25	Total assets				•		[20,44	45. 25	30,658.	
	26	Total liabilitie					_) .	[0. 26	0.	
_	27	Net assets or	fund b	alances (line 27 of	column (B)	must agree w	ith line 21)			20,44	45. 27	30,658.	
	BA/	For Privacy	act and	Paperwork Reduc	tion Act No	ice. see the in	structions for F	orm 99	0.			Form 990-EZ (2008)	

<u>Form</u>	990-EZ (2008) PALOUSE HILLS D	OG FANCIERS, INC.		91	-603	35250 Page 2
Par	t∛NI ■ Statement of Program Se	rvice Accomplishments	(See the instruction	ns.)		Expenses
Desc desci	s the organization's primary exempt purpose? Securibe what was achieved in carrying out the ribe the services provided, the number oram title	e Statement 2 ne organization's exempt purp f persons benefited, or other	poses In a clear and co relevant information for	ncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
4	ORGANIZED SHOWS FOR AMERI DOG RELATED EVENTS, PROVI		- <i></i>		101 0	mers)
29	(Grants \$) If the	nis amount includes foreign gi	rants, check here	<u>•</u>	28 a	29,965.
LJ						
30	(Grants \$) If the	nis amount includes foreign gi	rants, check here	▶ 🗍	29 a	
31	(Grants \$) If the Other program services (attach schedule)	nis amount includes foreign gi e)	rants, check here	•	30 a	
		nis amount includes foreign gi	rants, check here	▶ 🗌	31 a	
	Total program service expenses (add l			<u> </u>	32	29,965.
Par	List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	ns and	(e) Expense account and other allowances
	E BROCKETT	President	ľ		0.	0.
	BOX_215] 0				
	DICOTT, WA 99125	174 D444				
	OY ARNESON	Vice President			0.	0.
	DEAN ST] 0				
	DICOTT, WA 99125	M			0.	
	RIE TAYLOR	Treasurer			U.	0.
	.953_SR_26] 0				
	FAX, WA 99111	ļ				
	REN_MARQUARDT	Secretary			0.	0.
	370 HWY 95] 0				
	MET, ID 83824					
	DY_CURRY	Secretary			0.	0.
	BOX 77] 0				
	DICOTT, WA 99125					
	BBIE_FOY	Director	0.		0.	0.
	S MOUNTAIN VIEW ROAD	ļ				
	SCOW, ID 83843					
	IISE WAITING	Director	0.		0.	0.
	2 ROSE CREEK RD	ļ				
	LLMAN, WA 99163	Dinata			0.	0.
	RTI_WILKISON	Director	0.		u.	U.
	<u>08 HARMONY</u> DFINO, ID 83544) 				
		····				
	•	<u> </u>				
		1				
		1				
		1				
				·		
		1				
		<u>l</u>				

Par	1 V Other Information (Note the statement requirement in General Instruction V.)						
١.			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х			
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, 6a, and 7a (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?	35 a		x			
Ŀ	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	-				
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		x			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.	S	- š,	J de Para			
Ł	Did the organization file Form 1120-POL for this year?	37 b		X			
38 a	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?	선 설 38 a	• 1 %	X			
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A			ž4 2**			
39	501(c)(7) organizations Enter	الم	· 🐒				
	Initiation fees and capital contributions included on line 9 N/A	γ '	. 3°				
	Gross receipts, included on line 9, for public use of club facilities N/A	~p 3°c	1	**			
40 a	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A			, ,			
ľ	5501(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,' complete Schedule L, Part I	40 b		X			
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	٠	8	487			
C	Enter amount of tax on line 40c reimbursed by the organization	′ "·		les d			
•	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.						
	·	40 e	-	<u>X</u> _			
41	List the states with which a copy of this return is filed None						
42 2	The books are in care of MARIE TAYLOR Telephone no (509)	397	-450	8			
	Located at ► 131953 SR 26 COLFAX WA ZIP + 4 ► 99111						
			- - -				
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No X			
	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:	42 b					
	If 'Yes,' enter the name of the foreign country:						
				1			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.						
(At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X			
	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	,	- □	N/A			
-10	and enter the amount of tax-exempt interest received or accrued during the tax year . • 43			N/A			
	ı		Yes	No			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х			
		-4*4					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X			
		000		2000			

Form 990-	EZ (2008) PALOUSE HILLS DOG H				91-6035			age 4	
Part VI	Section 501(c)(3) organization	s only. All section	n 501(c)(3) o	rganızatıon	s must answer qu	iestions	46-4	.9	
<u> </u>	and complete the tables for lin	es 50 and 51.							
46 Did t	the organization engage in direct or indire	ect political campaign	activities on be	half of or in o	pposition to candidate	es	Yes	No	
for p	oublic office? If 'Yes,' complete Schedule	C, Part I				46	-		
	the organization engage in lobbying activi	· · · · · · · · · · · · · · · · · · ·				47		ļ	
	e organization operating a school as desc	-		•	e Schedule E	48			
	the organization make any transfers to an	=	-	iization? .		. 49a		<u> </u>	
b it 'Ye	es,' was the related organization(s) a sect	tion 527 organization				49 b		L	
50 Com	plete this table for the five highest compe ived more than \$100,000 of compensation	ensated employees (on from the organization	other than office on If there is no	rs, directors, t ne, enter 'Noi	rustees and key emp ne.'	loyees) w	ho ea	ch 	
(a	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comper	, ,	Contributions to employee benefit plans and eferred compensation	(e) Ex accou other all	nt and	5	
Total number	r of other employees paid over \$100,000 .		<u> </u>						
51 Com from	plete this table for the five highest compe the organization. If there is none, enter '	ensated independent None '	contractors who	each receive	d more than \$100,000	of comp	ensatı	on	
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation								
		····							
									
		<u> </u>							
-									
Total num	ber of other independent contractors rece	eiving over \$100,000		>					
	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer (nined this return, including a	ccompanying schedul on all information of v	es and statements thich preparer has	, and to the best of my know any knowledge	ledge and be	lief, it is	;	
C:	1 35 W			İ	10-5-11	`			
Sign Here	Signature of officer				Date	· <u>·</u>			
TICIC	Type or print name and title								
		110	Date	<u> </u>	Check if Prep	arer's Identif	ying Nu	mber	
Paid	Preparer's signature ► Brad Lewis	odke		5-5-2016	self- employed N/		1		
Pre- parer's	Firm's name (or Hayden & Ross,	P.A.							
Use	yours if self- employed), > 315 S. Almon				EIN ► N	/A			
Only	address, and ZIP + 4 Moscow, ID 8384	3			Phone no ► (208)	882-	5547		
May the IF	RS discuss this return with the preparer sh	hown above? See ins	tructions .			►X Yes		No	
RAA						Form 990	LF7 (2008)	

		Page 1		
C/O MARIE TAYLOR		3. 0002200		
	m 1	1,776. 500. 98. 956. 107. 8,163. 1,300. 3,235. 53. 722. 30. 10. 9,434. 1,445. 2,136.		
		Total ₹		

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.