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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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GREATER SIERRA VISTA KENNEL CLUB		D Employer identification number 94-2915111
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) P O BOX 264		Room/suite
<input type="checkbox"/> Name change				
<input type="checkbox"/> Initial return		City, town, or country SIERRA VISTA	State AZ	ZIP + 4 85636
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

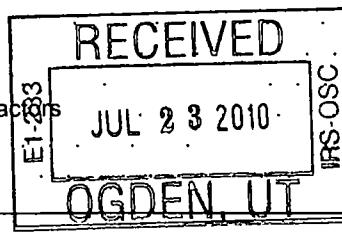
- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►I Website: ► **WWW GSVKC.ORG**J Tax-exempt status (check only one) — 501(c) (7) ◀ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **23,586****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	0
2 Program service revenue including government fees and contracts	2	440
3 Membership dues and assessments	3	1,679
4 Investment income	4	3
5a Gross amount from sale of assets other than inventory	5a	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)	5c	0
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	21,464
b Less direct expenses other than fundraising expenses	6b	26,025
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-4,561
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	0
8 Other revenue (describe ► void cks from prior year)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-2,439
10 Grants and similar amounts paid (attach schedule)	10	3,090
11 Benefits paid to or for members	11	1,661
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	150
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► See Attached Statement)	16	3,235
17 Total expenses. Add lines 10 through 16	17	8,136
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,575
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	32,924
20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	22,349

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	32,924	22	16,349
23 Land and buildings		23	
24 Other assets (describe ► A/R COYOTE CLUSTER SHOW PROCEEDS)	0	24	6,000
25 Total assets	32,924	25	22,349
26 Total liabilities (describe ►)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,924	27	22,349

S 5

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

What is the organization's primary exempt purpose? EDUCATION AND RECREATION

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, and other relevant information for each program title.

Expense

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROTECTION AND ADVANCEMENT OF INTEREST IN ALL BREEDS OF PURE BRED DOGS

(Grants \$	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	3,090
29			
(Grants \$	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0
30			
(Grants \$	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0
31 Other program services (attach schedule)			
(Grants \$	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32 Total program service expenses. (add lines 28a through 31a)		32	3,090

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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	X	
34 Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 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		
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	X	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37a	0	
b Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the period covered by this return?	38a	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0	
39 Section 501(c)(7) organizations. Enter	39a		
a Initiation fees and capital contributions included on line 9	39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40b		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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			
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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			
41 List the states with which a copy of this return is filed. ► AZ			
42 a The organization's books are in care of ► MARK DEVOL	Telephone no. ► (520) 249-6580		
Located at ► 4174 S Kutenai Way	City. SIERRA VISTA	ST. AZ	ZIP + 4 ► 85650
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	X	
If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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: ►	42c	X	
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 N/A	43	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X	
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	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 49a X

b If "Yes," was the related organization a section 527 organization? Yes No
 49b X

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"

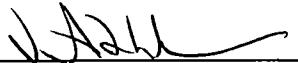
(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0

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 address of each independent contractor paid more than \$100,000			(b) Type of service	(c) Compensation
Name None	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		

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

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		
	Signature of officer 	Date 7/19/10	Preparer's identifying number (See instructions)
Type or print name and title 			
Paid Preparer's Use Only	Preparer's signature 	Date 5/18/2010	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN ►	Preparer's identifying number (See instructions)
DEBITS AND CREDITS 2201 E CARMELITA DRIVE, SIERRA VISTA, AZ 85635		Phone no (520)458-8329	► <input type="checkbox"/> Yes <input type="checkbox"/> No

May the IRS discuss this return with the preparer shown above? See instructions

Name of the organization

GREATER SIERRA VISTA KENNEL CLUB

Employer identification number

94-2915111

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	
a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 SHOW (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	21,464	0	0
	2 Less. Charitable contributions . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . .	21,464	0	21,464
Direct Expenses	4 Cash prizes . . .	0	0	0
	5 Noncash prizes . . .	0	0	0
	6 Rent/facility costs . . .	0	0	0
	7 Food and beverages . . .	0	0	0
	8 Entertainment . . .	0	0	0
	9 Other direct expenses . . .	26,025	0	26,025
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . .			► (26,025)
	11 Net income summary. Combine line 3, column (d), and line 10 . . .			► -4,561

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . .			0
Direct Expenses	2 Cash prizes . . .			0
	3 Noncash prizes . . .			0
	4 Rent/facility costs . . .			0
	5 Other direct expenses . . .			0
	6 Volunteer labor . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d) . . .			► (0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . .			► 0

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain:

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

GREATER SIERRA VISTA KENNEL CLUB

94-2915111

Schedule G (Form 990 or 990-EZ) 2009

Page 3

		Yes	No
13	Indicate the percentage of gaming activity operated in:	13a	%
a	The organization's facility	13b	%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party:		
	Name ► _____		
	Address ► _____		
16	Gaming manager information.		
	Name ► _____		
	Gaming manager compensation ► \$ _____ 0		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions	17a	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule G (Form 990 or 990-EZ) 2009

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Part I, Line 16 (990-EZ) - Other Expenses

3,235

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Advertising and News Letter	13	
14	Dues and Subscriptions	14	50
15	Insurance	15	1,375
16	License	16	35
17	Misc	17	
18	Office	18	24
19	Postage and Box Rent	19	58
20	Storage Rent	20	1,519
21	Shirt Cost	21	
22	opening cash balance difference	22	
23	training Class Expense	23	43
24	Public Education	24	131
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Part II, Line 24 (990-EZ) - Other Assets

	Description	Beginning	6,000
1	A/R COYOTE CLUSTER SHOW PROCEEDS		6,000
2			
3			
4			
5			
6			
7			
8			
9			
10			