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OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

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 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

Open to Public

Interna	al Revenu	ie Service		000 and total assets less than \$1,2 organization may have to use a copy of						Inspection
A F	or the	2009 calendar		tax year beginning 05-01-2009	, and ending		<u> </u>			
B 0	heck if	applicable	Please	C Name of organization GREATER CLARK COUNTY KENNEL CLUB 1	· · · · · · · · · · · · · · · · · · ·			D Emp	loyer i	dentification number
_	ddress (change	use IRS					23-7	335734	
	lame ch nitial ret	turn	label or print or	Number and street (or P O box, if mail i P O BOX 822364	s not delivered to stre	eet address)	Room/suite	E Telep	hone n	umber
_	eminat		type. See						(360) 903-9535
		d roturn	Specific Instruc-	City or town, state or country, and ZIP + VANCOUVER, WA 98682	4			F Group		ption
Γ_{A}	pplicatio		tions.	VANCOUVER, WA 90002				Numb	er	•
→ Se	ection			ons and 4947(a)(1) nonexempt cha mpleted Schedule A (Form 990 or 9			counting mo		V Cas	sh FAccrual
T 147	_ !: 4 -	. .► N⁄A				н	Check ► 🔽	ıfthe	orgar	nization
			rck only on	ne)— 501(c) (4) 4 (insert no) 494	17(a)(1) or 5 5 3	1	is not requir			00 F7 000 DF)
		_		is not a section 509(a)(3) supporting						00-EZ, or 990-PF)
				n 990 return is not required, but if th						
L Add	d lines 5	5b, 6b, and 7b, to	line 9 to d	etermine gross receipts, if \$500,000 or more	, file Form 990 instea	ad of Form 9	990-EZ	► \$		78,038
Pa	art I	Revenue,	Exper	nses, and Changes in Net Ass	sets or Fund	Balance	S (See the i	nstructi	ons fo	r Part I)
	1	Contributions	, gıfts, gı	rants, and similar amounts received				•	1	0
	2	Program servi	ice rever	nue including government fees and co	ontracts			. [2	75,712
	3	Membership d	lues and	assessments				.	3	195
	4	Investment in	ncome					.	4	2,131
	5a	Gross amount	t from sa	le of assets other than inventory		5a				
9	ь	Less cost or	other ba	sıs and sales expenses		5b		0		
Revenue	С	Gaın or (loss)	from sal	le of assets other than inventory (Su	btract line 5b fror	m line 5a)			5c	0
ů ů	6	Special event check here	_	tivities (complete applicable parts o	fSchedule G) Ifa	any amou	nt is from ga	ming,		
	а	Gross revenue	e (not in	cluding \$ _of contributions						
		reported on lir	ne 1)			6a		0		
	ь	Less directe	xpenses	other than fundraising expenses		6b		0		
	c	Net income or	r (loss) fi	rom special events and activities (Si	ubtract line 6b fro	om line 6a)		6c	0
	7a	Gross sales o	finvento	ory, less returns and allowances .		7a		İ		
	ь	Less cost of				7b		0		
	_ c	Gross profit o	r (loss) f	from sales of inventory (Subtract line	. 7b from line 7a)				7c	0
	8	Other revenue			,			,	8	
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8 .			•	/	9	78,038
	10			ounts paid (attach schedule) 💯 .					10	2,100
	11	Benefits paid						·	11	2,100
		·		nsation, and employee benefits			• •	'		
ı,	12	,	•	other payments to independent cont				`	12	500
3.Se	13				ractors			. }	13	
Expenses	14		•	ties, and maintenance				•	14	32,696
ω	15	-, .	•	postage, and shipping				•	15	24
	16	Other expens						<u> </u>	16	33,365
	17			ines 10 through 16				-	17	68,685
25	18	•	•	the year (Subtract line 17 from line 9	·			•	18	9,353
NetAssets	19			lances at beginning of year (from line		(must agr	ee with			
E.		•		orted on prior year's return)				•	19	359,829
Z	20	Other change	s in net a	assets or fund balances (attach expl	anation) 🤠 🔒			.	20	-5,044
	21	Net assets or	fund bal	ances at end of year Combine lines	18 through 20			•	21	364,138
Pa	rt II	Balance S	Sheets-	—If Total assets on line 25, column	(B) are \$1,250,0	00 or mor	e, file Form	990 ins	tead o	f Form 990-EZ
			(See th	ne instructions for Part II)	ı	(A) Rec	jinning of ye	ar	/ P	End of year
22	Cash	, savings, and i			_	(2) Dec		513 22	_	175,379
	,	and buildings	, 63 (1116			—	164,		_	188,759
24		-	the 🕨			-	104,	24	_	
24 25		assets (descr	.DC =				359,	_	+-	364,138
		liabilities (des	cribe 🟲		• • • • • • • • • • • • • • • • • • • •		339,	26	_	
		•	-	(line 27 of column (B) must agree wit			359.	829 27	+	364,138
					, - ,	1	,	- 1	1	,

Part III Statement of Program S		Expenses			
What is the organization's primary exempt pHELD DOG SHOW - GAVE GIFTS TO CHA	(c)	(Required for section 501 (c)(3) and 501(c)(4)			
Describe what was achieved in carrying out describe the services provided, the number program title	49	organizations and section 4947(a)(1) trusts, optional for others)			
28 HELD DOG SHOW - GAVE GIFTS TO C (Grants \$ 2,100) If this	HARITIES : amount includes foreign ç	grants, check here .	> [_ 	68,685
29			·		,
(Grants \$) If this	း amount includes foreign ç	rants check here	► [_	
30			,	29a	
(Grants \$) If this	s amount includes foreign o	grants, check here .	► [30a	
31 O ther program services (attach schedule (Grants \$) If this	e) s amount includes foreign ç		 ▶ □	_ 31a	
32 Total program service expenses (add line		· · · ·	· · · · ·	32	
Part IV List of Officers, Directors, Trus			mpensated (Se		
	(b) Title and average	(c) Compensation		ıbutıons to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee be	enefit plans Impensation	
	devoted to position	Circl V.	deletted co	inpensation	other allowances

Pa	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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o
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			
а	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		Νο
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		Νo
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 period covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
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) 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	40b		Νο
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	40e		Νο
41	List the states with which a copy of this return is filed 🕨			
42a		► (36	0)695	1899
	82063 NE 6TH STREET Located at VANCOUVER, WA ZIP + 4	▶ _98	3664	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Νο
	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 ?	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νο
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		No

	t VI	All section 501(c)(3) organ 46-49b and complete the t		1947(a)(1) nonexem					stions
46	Did the	e organization engage in direct (or indirect political campa	aign activities on behal	f of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C, Pa	art I			46		
47	47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						47		
48	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E						48		
49a	Did the	e organization make any transfe	rs to an exempt non-cha	rıtable related organıza	tion?		49a		
b	If"Yes	s," was the related organization	a section 527 organizati	on?			49b		
	Complete this table for the organization's five highest compensated employees (other than officers, directors, truemployees) who each received more than \$100,000 of compensation from the organization If there is none, ente								
	lame a	and address of each employee	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Con employee	tributions to benefit plans & compensation	(€	Experior allowa	nd
51	Compl	I number of other employees pa ete this table for the organization pensation from the organization	on's five highest compens		ractors who	■ each received m	► nore th	an \$10	0,000
51	Compl of com		on's five highest compens n Ifthere is none, enter "	None "	1	each received n		an \$10	
51	Compl of com	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "	None "	1				-
51	Complof com (a) Nai	ete this table for the organization pensation from the organization me and address of each independent of other independent c	on's five highest compens If there is none, enter " Indent contractor paid mon	None " re than \$100,000 g over \$100,000 .	(b) Туре	e of service	(c) C	ompen	sation
51(d	Complof com (a) Nar	ete this table for the organization pensation from the organization me and address of each indeper	on's five highest compens If there is none, enter " Indent contractor paid monormation and in the contractor paid monormation and in the contractors each receiving that I have examined this return.	None " re than \$100,000 g over \$100,000 n, including accompanying so	(b) Type	atements, and to the	(c) C	ompen	sation
51(d) Plea Sign Here	Complof com (a) Nar	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter " Indent contractor paid mon ontractors each receiving that I have examined this return plete Declaration of preparer (g over \$100,000 n, including accompanying so other than officer) is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following ac	chedules and st on all informatic Date	atements, and to the	(c) C	ompen:	sation
51	Complof com (a) Nat Total	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter " Indent contractor paid mon ontractors each receiving that I have examined this return plete Declaration of preparer (g over \$100,000 n, including accompanying so other than officer) is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following accompanying so other than officer is based of the following ac	chedules and ston all information Date	atements, and to the on of which prepared 05-24	he best (er has ar	of my knowle	sation

Additional Data

Software ID: Software Version:

EIN: 23-7335734

Name: GREATER CLARK COUNTY KENNEL CLUB INC

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

(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 & deferred compensation	(E) Expense account and other allowances
DALE BURGESS 12506 NE 30TH ST VANCOUVER, WA 98682	PRESIDENT 10 00	0		
HANK WILLIAMS PO BOX 1080 BRUSH PRAIRIE, WA 98606	VICE PRESIDENT 6 00	0		
KAREN STENLUND 104 SCOTT HILL ROAD WOODLAND, WA 98674	SECRETARY 5 00	0		
LYNDA KNOWLES 8206 NE 6TH ST VANCOUVER,WA 98664	TREASURER 8 00	0		
KAREN BURGESS 12506 NE 30TH ST VANCOUVER, WA 98682	DIRECTOR 3 00	0		
MAYNO BLANDING 3515 NW 221ST STREET RIDGEFIELD, WA 98642	DIRECTOR 3 00	0		
JOLYNE LEA PO BOX 485 BRUSH PRAIRE, WA 98606	DIRECTOR 3 00	0		
HOWARD SCOTT 20404 NE 27TH AVE BATTLE GROUND, WA 98605	DIRECTOR 3 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: GREATER CLARK COUNTY KENNEL CLUB INC

EIN: 23-7335734

Item No.	1
Class of Activity	DONATION
Donee's Name	WASHINGTON STATE UNIVERSITY FOUNDATION
Donee's Address	PO BOX 647010 PULLMAN, WA 99164
Amount (FMV)	1,000
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	DONATION
Donee's Name	NORTHWEST JUNIOR SHOWMANSHIP FOUNDATION
Donee's Address	3913 N RD 92 PASCO, WA 99301
Amount (FMV)	1,000
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATION
Donee's Name	OREGON DOG JUDGES
Donee's Address	17195 SW DIVISION ST ALOHA, OR 97007
Amount (FMV)	100
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Changes in Net Assets Schedule

Name: GREATER CLARK COUNTY KENNEL CLUB INC

EIN: 23-7335734

Description	Amount
PROPERTY ADJUSTMENT	-5,044

TY 2009 Other Expenses Schedule

Name: GREATER CLARK COUNTY KENNEL CLUB INC

EIN: 23-7335734

Description	Amount
AKC DELEGATE	1,970
AKC DUES	25
AKC LIABILITY INSURANCE	930
ANNUAL FEE	10
BANK CHARGES	9
CLUB HOSPITALITY	86
CRIME BOND	100
FUN MATCH EXPENSES	235
FUN MATCH EXPENSE 2010	77
FUN MATCH USE PERMIT 2010	25
OFFICE EXPENSE	51
OFFICER/BOARD INSURANCE	600
POST OFFICE BOX RENTAL	70
REAL ESTATE TAXES	2,103
TROPHIES	596
WINTER SHOW 2009	26,478