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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? HELD DOG SHOW - GAVE GIFTS TO CHARITIES			
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			
<b>28</b> HELD DOG SHOW - GAVE GIFTS TO CHARITIES (Grants \$ 2,100) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	68,685
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	68,685

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

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period 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) 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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>LYNDA KNOWLES</u> Telephone no ▶ <u>(360) 695-1899</u> 82063 NE 6TH STREET Located at ▶ <u>VANCOUVER, WA</u> ZIP + 4 ▶ <u>98664</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43	
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

50(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

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

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.				
	***** Signature of officer		2010-05-24 Date		
	LYNDA KNOWLES TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	EDMUND R SLEDZIK	Date 2010-06-07	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	1704 SHAGBARK CIR RESTON, VA 201904437				Phone no (703) 471-7584
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No					

## 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		

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** GREATER CLARK COUNTY KENNEL CLUB INC**EIN:** 23-7335734

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

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	

## 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