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# Short Form

## Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2010 calendar year, or tax year beginning	, and ending																																																																																								
B Check if applicable	C Name of organization																																																																																								
<input type="checkbox"/> Address change	GREATER SIERRA VISTA KENNEL CLUB																																																																																								
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)																																																																																								
<input type="checkbox"/> Initial return	Room/suite																																																																																								
<input type="checkbox"/> Terminated	E Telephone number																																																																																								
<input type="checkbox"/> Amended return	(520) 249-6580																																																																																								
<input type="checkbox"/> Application pending	F Group Exemption Number ►																																																																																								
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►																																																																																									
I Website: ► <a href="http://WWW.GSVKC.ORG">WWW.GSVKC.ORG</a>																																																																																									
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																									
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000																																																																																									
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return																																																																																									
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 54,846																																																																																									
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.)																																																																																									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																																																									
SCANNED JUN 29 2011 Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 5px;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right; padding: 5px;">1</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 5px;">2 Program service revenue including government fees and contracts</td> <td style="text-align: right; padding: 5px;">2</td> <td style="padding: 5px;">8,751</td> </tr> <tr> <td style="padding: 5px;">3 Membership dues and assessments</td> <td style="text-align: right; padding: 5px;">3</td> <td style="padding: 5px;">1,578</td> </tr> <tr> <td style="padding: 5px;">4 Investment income</td> <td style="text-align: right; padding: 5px;">4</td> <td style="padding: 5px;">7</td> </tr> <tr> <td style="padding: 5px;">5a Gross amount from sale of assets other than inventory</td> <td style="text-align: right; padding: 5px;">5a</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">b Less: cost or other basis and sales expenses</td> <td style="text-align: right; padding: 5px;">5b</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right; padding: 5px;">5c</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="padding: 5px;">6 Gaming and fundraising events</td> <td style="text-align: right; padding: 5px;">6a</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right; padding: 5px;">6a</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: right; padding: 5px;">6b</td> <td style="padding: 5px;">44,510</td> </tr> <tr> <td style="padding: 5px;">c Less: direct expenses from gaming and fundraising events</td> <td style="text-align: right; padding: 5px;">6c</td> <td style="padding: 5px;">26,099</td> </tr> <tr> <td style="padding: 5px;">d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right; padding: 5px;">6d</td> <td style="padding: 5px;">18,411</td> </tr> <tr> <td style="padding: 5px;">7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: right; padding: 5px;">7a</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">b Less: cost of goods sold</td> <td style="text-align: right; padding: 5px;">7b</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right; padding: 5px;">7c</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="padding: 5px;">8 Other revenue (describe in Schedule O)</td> <td style="text-align: right; padding: 5px;">8</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">9 Total revenue. 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Net Assets																																																																																									

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,349	22 26,066
23 Land and buildings		23
24 Other assets (describe in Schedule O)	6,000	24 3,000
25 Total assets	22,349	25 29,066
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,349	27 29,066

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this 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

## Expenses

(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 \$ ) If this amount includes foreign grants, check here ► 

28a

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 (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ► 

31a

32 Total program service expenses. (add lines 28a through 31a)

(Grants \$ ) If this amount includes foreign grants, check here ► 

32

0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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
Winston Woolverton 6300 Jaxel Road Hereford AZ 85615	Title President Hr/WK 00	0		
Nita Gandara 6200 E Dakota Road Hereford AZ 85615	Title Vice-President Hr/WK 00	0		
John Placho 10526 E Running Coyote Trail Hereford AZ 85615	Title Treasurer Hr/WK .00	0		
Barbara Placho 10526 E Running Coyote Trail Hereford AZ 85615	Title Secretary Hr/WK .00	0		
Ruthann McCaulley 2892 Thunderbird Drive Sierra Vista AZ 85650	Title Board Member Hr/WK 00	0		
Jennifer DeVol 4174 S Kutenai Sierra Vista AZ 85650	Title Board Member Hr/WK 00	0		
Charlotte Borghardt P.O. Box 1126 Sierra Vista AZ 85636	Title Board Member Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? 35b  X

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

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 tax year covered by this return? 38a  X

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

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b ; section 4912 ► 40c , section 4955 ► 40d

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40e  X

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. 40e  X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e  X

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  X

41 List the states with which a copy of this return is filed. ► AZ

42 a The organization's books are in care of ► JOHN PLACHO Telephone no. ► (520) 366-5231  
Located at ► 10526 E RUNNING COYOTE 1 City HEREFORD ST AZ ZIP + 4 ► 85615

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 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: ►

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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b  X

c Did the organization receive any payments for indoor tanning services during the year? 44c  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37b	X	
38a	X	
40b		
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.	45	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	45a	X
		46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			

f Total number of other employees paid over \$100,000 ►

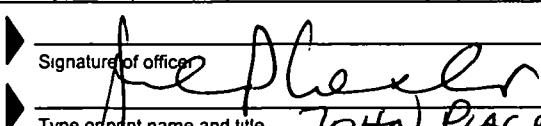
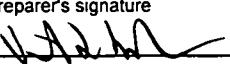
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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. ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ►  Yes  X  No

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

Sign Here	Signature of officer 	Date 6/2/2011			
	Type or print name and title John PACHAS TREASURER				
Paid Preparer's Use Only	Print/Type preparer's name VICTORIA LUNDA	Preparer's signature 	Date 6/2/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name DEBITS AND CREDITS			Firm's EIN ►	
	Firm's address 2201 E CARMELITA DRIVE, SIERRA VISTA, AZ 85635			Phone no	(520)458-8329

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

**Name of the organization**

## GREATER SIERRA VISTA KENNEL CLUB

**Employer identification number**

94-2915111

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**Part I Fundraising Activities: Complete if the organization does not file Form 990-EZ.** 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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e  f  g  Special fundraising events

**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?  Yes  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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
<b>Total</b>				0	0

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 . . . . .	44,510	0	0	44,510
	2 Less: Charitable contributions . . . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	44,510	0	0	44,510
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Food and beverages . . . . .	0	0	0	0
	8 Entertainment . . . . .	0	0	0	0
	9 Other direct expenses . . . . .	26,099	0	0	26,099
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 26,099)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► 18,411

**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? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0.

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 ► .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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 ► \$ 0

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**GREATER SIERRA VISTA KENNEL CLUB**

Employer identification number

**94-2915111**

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: DONATIONS, Grantee: HUMANE SOCIETY, Cash

Grant: 3,108, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: UNIVERSITY OF AZ, Cash Grant:

1,047, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: HUMANE SOCIETY-RDO FUNDS, Cash

Grant: 430, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: SV ANIMAL SHELTER, Cash Grant:

100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: UNIVERSITY OF AZ, Cash Grant

250, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: TOMBSTONE ANIMAL SHELTER, Cash

Grant: 430, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: SV ANIMAL SHELTER-RDO FUNDS,

Cash Grant: 3,440, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising and News Letter: 70

Form 990-EZ, Part I, Line 16, Other Expenses: Dues and Subscriptions: 250

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,376

Form 990-EZ, Part I, Line 16, Other Expenses: License: 10

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 9

Form 990-EZ, Part I, Line 16, Other Expenses: Office Supplies: 196

Form 990-EZ, Part I, Line 16, Other Expenses: Postage and Box Rent: 60

Form 990-EZ, Part I, Line 16, Other Expenses: Storage Rent: 1,475

Form 990-EZ, Part I, Line 16, Other Expenses: Adoption and Rescue Expense: 83

Form 990-EZ, Part I, Line 16, Other Expenses: RDO Program Expenses: 5,145

Form 990-EZ, Part I, Line 20, Net Assets: A/R COLLECTION COYOTE CLUSTER: -3,000

Form 990-EZ, Part II, Line 24, Other Assets: A/R COYOTE CLUSTER SHOW PROCEEDS. Beginning of

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
(HTA)

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

GREATER SIERRA VISTA KENNEL CLUB

Employer identification number

94-2915111

year, 6,000, End of year: 3,000