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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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 2012 calendar year, or tax year beginning June 1, 2012, and ending May 31, 2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
PALOUSE HILLS DOG FANCIERS
Number and street (or P O box, if mail is not delivered to street address) Room/suite
131953 SR 26
City or town, state or country, and ZIP + 4
COLFAX WA 99111

D Employer identification number
91-6035250

E Telephone number
509.397.4508

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.PHDF.ORG**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	541.
	2	Program service revenue including government fees and contracts	43,366.
	3	Membership dues and assessments	1,172
	4	Investment income	34.
	5a	Gross amount from sale of assets other than inventory	5a
	b	Less: cost or other basis and sales expenses	5b
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
Expenses	c	Less: direct expenses from gaming and fundraising events	6c
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 45,113
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
Net Assets	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	16 35,876.
	17	Total expenses. Add lines 10 through 16	17 35,876.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9,237.
	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 62,972.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 72,209.	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 72,209.

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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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		
(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)	32	

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GAYE BROCKETT P O BOX 215, ENDICOTT, WA 99125	PRESIDENT - 0			
HEIDI PIXLEY 405 N POLK, MOSCOW, ID 83843	VICE PRESIDENT-0			
CINDY CURRY P O BOX 77, ENDICOTT, WA 99125	SECRETARY-0			
KAREN MARQUARDT 377370 HWY 95, DESMET, ID 83824	SECRETARY - 0			
MARIE TAYLOR 131953 SR 26, COLFAX, WA 99111	TREASURER - 0			
MARTI WILKISON 923 LINDEN, LEWISTON, ID 83501	BOARD - 0			
RONNA STEWART 377370 HWY 95, DESMET, ID 83824	BOARD - 0			
NIKKI CRIBBS 2729 CLEARWATER, LEWISTON, ID 83501	BOARD - 0			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	✓
37a 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	✓
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 tax year covered by this return?	38a	✓
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 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	40b	✓
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	✓
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ MARIE TAYLOR Telephone no. ▶ 5093974508 Located at ▶ 131953 SR 26, COLFAX, WA ZIP + 4 ▶ 99111		
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 .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
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 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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 (see instructions)	45b	✓

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

	Yes	No
46		☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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 ☐ 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 6-11-2013
	MARIE TAYLOR, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)

Palouse Hills Dog Fanciers, Inc.

c/o Marie Taylor

2012

Page 1
91-6035250

	2012	2011	Diff
FORM 990EZ REVENUE			
	541.	539.	2.
	43,366.	43,481.	115.
	1,172.	575.	597.
	34.	42.	8.
TOTAL REVENUE	45,113.	44,637.	476.
 EXPENSES			
Other expenses	35,876.	34,527.	1,349.
 NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	9,237.	10,110.	
Net assets/fund bal at beg of year	62,972.	52,862.	
Net assets/fund bal at end of year	72,209.	62,972.	

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

2012

**Open to Public
Inspection**

Name of the organization

PALOUSE HILLS DOG FANCIERS

Employer identification number

91-6035250

AMERICAN KENNEL CLUB FEES \$3,055.00

LIABILITY INSURANCE \$649.00

EQUIPMENT PURCHASED \$475.69

CLUB MEMBERSHIP PARTY \$69.87

BUILDING RENT \$1200.00

CHARITABLE DONATIONS \$2625.00

PROFESSIONAL FEES \$10.00

WEBSITE \$51.05

AGILITY TRIAL EXPENSES (JUNE 2012) \$9,588.61

CONFORMATION/OBEDIENCE/RALLY SHOW EXPENSES (APRIL 2013) \$17,323.80

BANK FEES \$66.05

AWARD PLAQUES \$761.83

1093-Copy B, For Payer OMB #1545-0001
1093-E, Copy B For Borrower OMB #1545-1578
1093-OLD, Copy B For Recipient OMB #1545-0110
1093-INT, Copy B, For Recipient, OMB #1545-0112
1093-MISC, Copy B For Recipient OMB #1545-0115
1093-OLD Copy B, For Recipient OMB #1545-0117
1093-Q, Copy B For Recipient, OMB #1545-1760
1093-SA, Copy B, For Recipient OMB #1545-1017
5498-Copy B For Participant OMB #1545-0747
5498-ESA, Copy B For Beneficiary OMB #1545-1015
5498-SA, Copy B, For Participant OMB #1545-1510

1099-OLD Copy B, For Recipient OMB #1545-0117
1099-Q Copy B, For Recipient, OMB #1545-1760
1099-SA, Copy B For Recipient OMB #1545-1517
5498 Copy B For Participant OMB #1545-0747
5498-ESA Copy B For Beneficiary, OMB #1545-1818
5498-SA Copy B For Participant OMB #1545-1518

PALOUSE HILLS DOG FANCIERS INC
131953 STATE RT 26
COLFAX WA 99111-9636

FORM 1 OF 1

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
CD/Time Deposit	08989271930 00001	000000000001	Interest income	1	61.27
CD/Time Deposit	09000375231 00002	000000000001	Interest income	1	2.77

1	64.04
2	0.00
3	0.00
4	0.00
5	0.00
6	0.00
8	0.00
9	0.00
13	0.00

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

is taxable and the IRS determines that it has not been reported.
Form 1099-DID. This may not be the correct figure to report on your income tax return. See instructions on the back.
Form 1099. Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you personally paid by you, and not reimbursed by another person.

1099-DID 545-0801

If you report on the information and nothing is turned to the Internal Revenue Service, you are not liable for the return, a negligence penalty or other harm: you are important to you. The IRS does not care if an employer of tax results because you overpaid a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year or more than six student loans must furnish its statement to you.

Tax Statement for Forms 1098, 1099, 5498 for Year 2011

NAME, ADDRESS AND FEDERAL ID NO

STERLING SAVINGS BANK
111 N WALL ST
SPOKANE WA 99201-0696

CUSTOMER NAME, ADDRESS

PALOUSE HILLS DOG FANCIERS INC
131953 STATE RT 26
COLFAX WA 99111-9636

1098-E, Copy B For Recipient, OMB #1545-0001
 1098-E, Copy B For Recipient, OMB #1545-0112
 1098-DIV, Copy B For Recipient, OMB #1545-0110
 1098-INT, Copy B For Recipient, OMB #1545-0112
 1098-MISC, Copy B For Recipient, OMB #1545-0115
 1099-010, Copy B For Recipient, OMB #1545-0117
 1099-0, Copy B For Recipient, OMB #1545-1700
 1099-S, Copy B For Recipient, OMB #1545-0907
 1099-SA, Copy B For Recipient, OMB #1545-1517
 5498, Copy B For Participant, OMB #1545-0747
 5498-ESA, Copy B For Beneficiary, OMB #1545-1815
 5498-SA, Copy B For Participant, OMB #1545-1518

Payer's Federal ID# 91-1166044

Questions? (800) 650-7141

552D0100059877-1

FORM 1 OF 1

2011 FORM 1099-INT INTEREST INCOME

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
CD/Time Deposit	08989271930 00001	00000000001	Interest income	1	35.64
CD/Time Deposit	09000375231 00002	00000000001	Interest income	1	16.47

TOTALS:	Interest income	1	52.11
	Early withdrawal penalty	2	0.00
	Interest on U.S. Savings Bonds and Treasury obligations	3	0.00
	Federal income tax withheld	4	0.00
	Investment expenses	5	0.00
	Foreign tax paid	6	0.00
	Tax-exempt interest	8	0.00
	Specified private activity bond interest	9	0.00

TAXPAYER ID NO
91-6035250

(keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this information is taxable and the IRS determines that it has not been reported.
 Form 1099-INT. This may not be the correct figure to report on your income tax return. See instructions on the back.
 Form 1098. Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you actually paid by you, and not reimbursed by another person.

1098-E, OMB #1545-1576
 This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this information is taxable and the IRS determines that it has not been reported.
 Form 1099-INT. This may not be the correct figure to report on your income tax return. See instructions on the back.
 Form 1098. Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you actually paid by you, and not reimbursed by another person.

1098-E, OMB #1545-1576
 This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this information is taxable and the IRS determines that it has not been reported.
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 Form 1098. Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you actually paid by you, and not reimbursed by another person.