

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2015

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Inte	emal Reve	venue Service   Information about Form 990	-EZ and its instruct	ons is at wi	ww.irs.gov/tor	m990.		
Α	For the	e 2015 calendar year, or tax year beginning	JUNE 1	, 2015,	and ending	N	/AY 31	, 20 16
В	Check if a	applicable C Name of organization				D Empl	oyer ide	ntification number
	Address	s change PALOUSE HILLS DOG FANCIERS	PALOUSE HILLS DOG FANCIERS			91-6035250		
	Name ch	hange Number and street (or P O. box, if mail is not	delivered to street addr	ess)	Room/suite	E Telep	hone nu	mber
	Initial reti	I I I I I ROSE CREEK			}	509.999.8181		
		City or town, state or province, country, and Z	IP or foreign postal cor	de	<u> </u>	F Grou	ıp Exen	notion
片	Amended	ton pending PULLMAN, WA 99163					ıber ▶	•
G								the organization is not
								ch Schedule B
								-EZ, or 990-PF).
		n of organization: Corporation Trust Association Other						
		les 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets						
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						
		• · · · · · · · · · · · · · · · · · · ·	sed Schedule O to respond to any question in this Part I					
SCALPHANNIASS	1							
	2	Program service revenue including government					2	315 40,617
	3	Membership dues and assessments					3	100
	4	Investment income					4	21
	5a		venton	50	ı			
	b		•	. <u>5a</u>				
		•					-	
	6						5c	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a Gross income from gaming (attach Schedule=G_if=greater=than===					i	
	a	\$15,000)		7 レジ 1 1	1			
	h	b Gross income from fundraising events (not including \$ of contributions						
	5	from fundraising events reported on line 1) (att			Contribution	°		
		sum of such gross income and contributions ex			1			
	c							
	d		sing events (add-l	ines 6a and	6b and sub	tract		
	"	line 6c)	mig events (add-1	1100 00 0110		,traot	6d	i
	7a		ancee	.   7a		· · · ·	ou	
	b			. 7b				
	C	Gross profit or (loss) from sales of inventory (Sul					7c	
	8			•			8	2255
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					9	43,308
	10	Grants and similar amounts paid (list in Schedul				<u> </u>	10	10,000
Expenses	11	Benefits paid to or for members	•			!	11	
	12	Salaries, other compensation, and employee be					12	
	13	Professional fees and other payments to indepe				!	13	
	14	Occupancy, rent, utilities, and maintenance .				٠ . ١	14	
	15	Printing, publications, postage, and shipping.					15	
	16	Other expenses (describe in Schedule O)					16	25,655
	17	Total expenses. Add lines 10 through 16					17	25,655
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 f	rom line 9)		<u> </u>	·	18	17,653
	19	Net assets or fund balances at beginning of year						,300
		end-of-year figure reported on prior year's return					19	66,428
	20	Other changes in net assets or fund balances (ex	•				20	
ž	21	Net assets or fund balances at end of year. Com				-	21	84,081
Eor		work Reduction Act Notice see the senarate instruc			No 10643I	لــــــــــــــــــــــــــــــــــــــ		Form 990-F7 (2015)