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Short Form

Return of Organization Exempt From Income Tax

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

GREATER SIERRA VISTA KENNEL CLUB

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 264

City or town

State

ZIP code

SIERRA VISTA

AZ

85636

Foreign country name

Foreign province/state/county

Foreign postal code

G Accounting Method Cash Accrual

Other (specify) ► _____

I Website: ► WWW.GSVKC.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other club

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

34,459

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

1 Contributions, gifts, grants, and similar amounts received	1 5
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 2,184
4 Investment income	4 14
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 0
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 32,256
c Less direct expenses from gaming and fundraising events	6c 19,032
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 13,224
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 0
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 15,427
10 Grants and similar amounts paid (list in Schedule O)	10 4,150
11 Benefits paid to or for members	11 2,266
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 187
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 7,413
17 Total expenses. Add lines 10 through 16	17 14,016
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,411
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 46,442
20 Other changes in net assets or fund balances (explain in Schedule O)	20 -2,508
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 45,345

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2016)

610 27

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	42,442	22 41,346
23	Land and buildings		23
24	Other assets (describe in Schedule O)	4,000	24 4,000
25	Total assets	46,442	25 45,346
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,442	27 45,346

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 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, 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

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

29a

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

30a

(Grants \$) If this amount includes foreign grants, check here ► **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 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 title	(b) Average hours per week devoted to position Hr/WK	(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
Alberta Suhajda				
President	Hr/WK			
Jennifer DeVol				
Vice-President	Hr/WK			
John Placho				
Treasurer	Hr/WK			
Nancy Colonna				
Secretary	Hr/WK			
Lisa Radwill				
Director	Hr/WK			
Branda Weidner				
Director	Hr/WK			
	Hr/WK			

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 <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
35 a	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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a <input type="checkbox"/>	37a <input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	37b <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <input type="checkbox"/>
39	Section 501(c)(7) organizations Enter	39a <input type="checkbox"/>
a	Initiation fees and capital contributions included on line 9	39b <input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities	39b <input type="checkbox"/>
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40a <input type="checkbox"/>
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 <input type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c <input type="checkbox"/>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40d <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ► AZ	41 <input type="checkbox"/>
42 a	The organization's books are in care of ► JOHN PLACHO	Telephone no ► (520) 366-5231
Located at	► 10526 E RUNNING COYOTE T, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b <input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a <input checked="" type="checkbox"/>
b	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 <input checked="" type="checkbox"/>

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

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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X

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

47	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
48	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
49a	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
49b	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

X

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

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

b 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 title of each employee	(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	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 business address of each independent contractor	(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 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
	<i>John Placito</i>	3/9/2017
Type or print name and title <i>John Placito, TREASURER</i>		

Paid Preparer Use Only	Print/Type preparer's name VICTORIA L LUNDA	Preparer's signature VICTORIA L LUNDA <i>W.L.</i>	Date 3/5/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01241032
	Firm's name ► DEBITS AND CREDITS		Firm's EIN ► 86-0623820		
	Firm's address ► 2201 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

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER CHICAGO

GREATER SIERRA

Part I Fundraiser

GREATER SIERRA VISTA KENNEL CLUB

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

GREATER SIERRA VISTA KENNEL CLUB

Employer identification number

94-2915111

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 Solicitation of non-government grants
- f Solicitation of government grants
- 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 10 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	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	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" on 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	32,256		0	32,256
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	32,256		0	32,256
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	19,032		0	19,032
	10 Direct expense summary Add lines 4 through 9 in column (d)				19,032
	11 Net income summary Subtract line 10 from line 3, column (d)				13,224

Part III

Gaming. Complete if the organization answered "Yes" on 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 Subtract line 7 from line 1, column (d)				0

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain

Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

Yes No

11 Does the organization conduct 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 conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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. 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 provide any additional information. See instructions

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number

94-2915111

Name of the organization

GREATER SIERRA VISTA KENNEL CLUB

Form 990-EZ, Part I, Line 16, Other Expenses Travel 2,818

Form 990-EZ, Part I, Line 16, Other Expenses Advertising and News Letter 320

Form 990-EZ, Part I, Line 16, Other Expenses Dues and Subscriptions 525

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,769

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

Form 990-EZ, Part I, Line 16, Other Expenses Bank Fees 12

Form 990-EZ, Part I, Line 16, Other Expenses Office Supplies 82

Form 990-EZ, Part I, Line 16, Other Expenses Postage and Box Rent 42

Form 990-EZ, Part I, Line 16, Other Expenses Storage Rent 1,707

Form 990-EZ, Part I, Line 16, Other Expenses Other Supply 26

Form 990-EZ, Part I, Line 16, Other Expenses Small tools and equipment 102

Form 990-EZ, Part I, Line 20, Net Assets SHOW RING DEPRECIATION OFFSET -2,508

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

year 4,000, End of year 4,000

Name of the organization

GREATER SIERRA VISTA KENNEL CLUB

Employer identification number

94-2915111