Form 990-EZ (2019)

Cat No. 10642I

For Paperwork Reduction Act Notice, see the separate instructions.

: Pa	rt II	Balance Sheets (see the instructions					
		Check if the organization used Schedul	e O to respond to a	ny question in this		,	
	` .				(A) Beginning of year	ļ.,	(B) End of year
22		n, savings, and investments				22	·····
23		l and buildings				23	 -
24		r assets (describe in Schedule O)			77225 40	24	
25		l assets			77335 42	+	70630 00
26 27		assets or fund balances (line 27 of colum			77335 42	26	70/20 00
7 Par		Statement of Program Service According				21	70630 00
ı aı	C III	Check if the organization used Schedul	•		•	}	Expenses
Wha	t is the	organization's primary exempt purpose?	c O to respond to a	rry question in this	sranını <u>C</u>		quired for section
		• • • • • • • • • • • • • • • • • • • •	liaberanta far arab a	f the Abree Levelant			(c)(3) and 501(c)(4) anizations; optional for
		e organization's program service accomp d by expenses. In a clear and concise r					ers.)
		nefited, and other relevant information for e		e services provide	a, the number of		,
28						 	T
_					***************************************	ł	

?;	(Grant		t includes foreign gra	ants, check here .	▶ □	288	n
29						<u> </u>	

	(Grant	s \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	29 a	1
30				***************************************			
						1	
	(Grant		t includes foreign gra			30a	<u> </u>
31		program services (describe in Schedule O)					
	(Grant	s \$) If this amoun	t includes foreign gra	ints, check here .	<u> ▶ Џ</u>	318	
		program service expenses (add lines 28a				32	
Fai	t IV	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					•
		Officer if the organization used ocheduli		(c) Reportable			<u>· · · · </u>
		(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
			devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-			other compensation
DOT	NEWKI	RK				╅╴	
	SIDENT		- 0	}			
KAR	EN MAI	QUARDT	<u> </u>	<u> </u>	-	\top	
		SECRETARY	- 0				
DEN	ISE WA	TING					
TRE	ASURE	R	0				
CHR	ISTINE	SLATER	0				
COR	RESPO	NDING SECRETARY				_l	
MAR	IE TAY	.OR	- 0				
DIRE	CTOR						
GAY	E BROC	KETT	. 0			-	
	CTOR	· · · · · · · · · · · · · · · · · · ·				┵	
	Y CHRI	STIE	- 0			Ì	
DIRE	CTOR				<u> </u>	4	
						1	
			 			+	
						1	
			 		-		
			 			+-	
					 	+	
						1	

	_	_
/	7	,
•	ł	4
	\	/

L	art					
_		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	~~~	<u> </u>	
3	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	Yes	No	
2 3	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		~	71
3	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)?				
	_	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<u> </u>	
	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		~	
3	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		~	121
3	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	2.32	150	1	
	b	Did the organization file Form 1120-POL for this year?	37b			
3	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	بر بر کنهسما		انست	
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	Over 1987	<u>/</u>	,?)
•	ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	, r ²		م المراجعة المراجعة المراجعة المراجعة ال	
•	a a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1	****		
	b	Gross receipts, included on line 9, for public use of club facilities	1	165		
4	10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	3 1	100	1	
		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	***	3.0	3, 34	
	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		ا به اوا السلسطا	T. A	
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~	?:
	С	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				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	24		Sing.	
	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	ا المسلك	أرن	
4	11	List the states with which a copy of this return is filed ▶				
4	l2a	The organization's books are in care of ▶ Telephone no. ▶				
	b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Na	
	U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No	
		If "Yes," enter the name of the foreign country ▶	1017	£ 4	. %	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4 . A	1		
	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]		
4	13	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	• •	Yes	• 🗆	
4	14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Tes	No V	
	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	Sec.	المتعندة	
		Did the organization receive any payments for indoor tanning services during the year?	44c		~	
		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		229	
4		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	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	4		

Form 99	90-EZ (2	2019)						F	ege 4
46		the organization engage, directly or in andidates for public office? If "Yes," o						Yes	
Part	VI	Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s must answer que				tables f	or lin	es
		Check if the organization used Sci	nedule O to respond	to any question in	inis Pari v	<u> </u>	- : - :	Yes	No
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) election			ax 47	163	140
48	Is th	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48	 	\vdash	
49a						49a			
50	Corr	es," was the related organization a se uplete this table for the organization's loyees) who each received more thar	five highest compen	sated employees (ot	her than off	icers, director			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plan	th benefits, ns to employee s, and deferred ensation	e) Estimate other com		
					1				
					Ì	}			
51	Com	I number of other employees paid ov plete this table for the organization' 0,000 of compensation from the orga	's five highest compe	ensated independent	t contracto	rs who each	received	more	than
	(а	Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c) C	iompensati	on	
		••••••							
									
						 			
					 	 			
	Tele	number of other independent contra	otors oach receiving	0.405 \$100,000					
52	Did	the organization complete Schedupleted Schedupleted Schedule A	_	ection 501(c)(3) orga			a ►∐ Yes		No_
Under p	enaltier rrect, a	of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than	return, including accompany officer) is based on all info	ying schedules and statem	ents, and to the	ne best of my know	wledge and	belief,	it is
	T	Vennewat				3/18/2	050		
Sign Here	?1	Signature of officer			D:	ate/ /			
		Type or print name and title	Transports to the second				1 5		
Paid Prep	arer	Print/Type preparer's name	Preparer's signature	Di	ate	Check if			
•	Se Only Firm's name ► Firm's EIN ►								
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions	Pi	none no.	☐ Yes		No
		The property	2			· · · · ·	- 604	<u> </u>	10

?:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

PALOUSE HILLS DOG FANCIERS	50916035
AWARD PLAQUES \$659.70	
SECRETARY OF STATE FILING FEE \$10	
LIABILITY INSURANCE \$1359	
WEBSITE \$35.88	
SAFE DEPOSIT BOX \$55.	
AGILITY TRIAL EXPENSES \$10,422.82	
CONFORMATION, OBEDIENCE AND RALLY SHOW EXPENSES \$5925.20	
,	