

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

**2000**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2000 calendar year, or tax year beginning** September 1, 2000, and ending August 31, 2001

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <u>Good Dog Agility Club, Inc.</u>	<b>D Employer identification number</b> <u>26 : 0734238</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>13421 E. Chicago St.</u>	<b>E Telephone no.</b> ( <u>480</u> ) <u>206-6831</u>
		City or town, state or country, and ZIP + 4 <u>Chandler, AZ 85225-6076</u>	<b>F Check</b> <input type="checkbox"/> if application pending

**G Accounting method:**  Cash  Accrual  Other (specify) ▶ **H Enter 4-digit group exemption no. (GEN)** ▶

**I Organization type** (check only one)—  501(c) ( 4 ) ◀ (insert no.)  527 or  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**J** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**K** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 25711

**L** Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 34.)

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	25711
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	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 (line 5a less line 5b) (attach schedule)	5c	0
	6 Special events and activities (attach schedule):		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
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 (line 7a less line 7b)	7c	0	
8 Other revenue (describe ▶ _____ )	8	0	
9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	25711	
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	250
	13 Professional fees and other payments to independent contractors	13	1325
	14 Occupancy, rent, utilities, and maintenance	14	5617
	15 Printing, publications, postage, and shipping	15	1142
	16 Other expenses (describe ▶ <u>Show, Seminar, Training, Website, General Expenses</u> )	16	17882
17 <b>Total expenses</b> (add lines 10 through 16)	17	26216	
<b>Net Assets</b>	18 Excess or (deficit) for the year (line 9 less line 17)	18	-505
	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	13613
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	13108

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

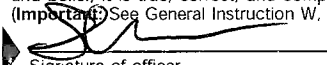
(See Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10527	9044
23 Land and buildings	0	0
24 Other assets (describe ▶ <u>Agility Equipment</u> )	3086	4064
25 <b>Total assets</b>	13613	13108
26 <b>Total liabilities</b> (describe ▶ _____ )	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	13613	13108

<b>Part III Statement of Program Service Accomplishments</b> (See Specific Instructions on page 38.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>K9 Training</b>			
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, or other relevant information for each program title.			
<b>28</b>	<b>K9 agility training for beginner through master level dogs and handlers.</b> Provide guest speaker/trainer for agility education. Estimated over 100 dogs trained per year. (Grants \$ )	<b>28a</b>	<b>7869</b>
<b>29</b>	<b>Agility competition for K9's. Two USDAA sanctioned trials sponsored per year.</b> Estimated 125-175 dog/handler pairs entered to trial. (Grants \$ )	<b>29a</b>	<b>17869</b>
<b>30</b>	<b>Provide demonstrations to the general public on K9 agility.</b> Multiple events per year. Unable to count persons benefitted due to the public nature of the events. (Grants \$ )	<b>30a</b>	<b>0</b>
<b>31</b>	Other program services (attach schedule) (Grants \$ )	<b>31a</b>	<b>0</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>25738</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See Specific Instructions on page 38.)				
(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
Cyndi Striegler 1827 W Nido Ave, Mesa, AZ 85202	President, .5 hr/wk	0	0	0
Lauren McDermott 8043 S 13th St, Phoenix, AZ 85040	Vice-President, .5hr/wk	50	0	0
Jennifer Meyer 1080 E Flint St, Chandler, AZ 85223	Secretary, .75 hr/wk	50	0	0
Debbie Porter 2319 S El Marino, Mesa, AZ 85202	Treasurer, 1 hr/wk	0	0	0

<b>Part V Other Information</b> (See Specific Instructions on page 38 and General Instruction V on page 14.)		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<input checked="" type="checkbox"/>
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>38a</b>	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 unpaid at the start of the period covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>39</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>40a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	<b>501(c)(3) and (4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
<b>c</b>	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<b>0</b>
<b>d</b>	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		<b>0</b>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>Arizona</b>		
<b>42</b>	The books are in care of ▶ <b>Marlene Rezac</b> Telephone no. ▶ <b>(480) 206-6831</b> Located at ▶ <b>13421 E Chicago St, Chandler, AZ</b> ZIP + 4 ▶ <b>85225-6076</b>		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		

<b>Please Sign Here</b>	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. (Important) See General Instruction W, page 14.)			
		11-14-11	BOARD MEMBER SILVIA MESSMER	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check: if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address, and ZIP code ▶	EIN ▶	Phone no. ▶ ( )	



**990 EZ Part IV Attachments 2000**

A	B	C	D	E
Leslie Hobensack 4716 E Drycreek Rd Phoenix, AZ 85044	Board Member .5 hr/wk	0	0	0
Silvia Messmer 1336 W 13 <sup>th</sup> St Tempe, AZ 85281	Board Member .5 hr/wk	50	0	0