

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning September 1, 2001, and ending August 31, 20 02

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Good Dog Agility Club, Inc

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
13421 E Chicago St

City or town, state or country, and ZIP + 4
Chandler, AZ 85225-6076

D Employer identification number
26 : 0734238

E Telephone number
(480) 206-6831

F Enter 4-digit (GEN) ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ www.gooddog.org

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

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

K 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.**

L 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. ▶ \$ 34789

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1 Contributions, gifts, grants, and similar amounts received																													0			
	2 Program service revenue including government fees and contracts																													33886			
	3 Membership dues and assessments																													903			
	4 Investment income																													0			
	5a Gross amount from sale of assets other than inventory																																
	b Less: cost or other basis and sales expenses																																
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																															0	
	6 Special events and activities (attach schedule):																																
	a Gross revenue (not including \$ _____ of contributions reported on line 1)																																
	b Less: direct expenses other than fundraising expenses																																
c Net income or (loss) from special events and activities (line 6a less line 6b)																																0	
7a Gross sales of inventory, less returns and allowances																																	
b Less: cost of goods sold																																	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																0	
8 Other revenue (describe ▶ _____)																																0	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																34789	
Expenses	10 Grants and similar amounts paid (attach schedule)																															0	
	11 Benefits paid to or for members																															0	
	12 Salaries, other compensation, and employee benefits																															250	
	13 Professional fees and other payments to independent contractors																															1575	
	14 Occupancy, rent, utilities, and maintenance																															9262	
	15 Printing, publications, postage, and shipping																															1103	
	16 Other expenses (describe ▶ <u>Show, Seminar, Training, Website, General Expenses</u>)																															26005	
17 Total expenses (add lines 10 through 16)																															38195		
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)																															-3406	
	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)																															13108	
	20 Other changes in net assets or fund balances (attach explanation)																															0	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)																																9702

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 39.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	9044	22 4938
23	Land and buildings	0	23 0
24	Other assets (describe ▶ <u>Agility Equipment</u>)	4064	24 4764
25	Total assets	13108	25 9702
26	Total liabilities (describe ▶ _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	13108	27 9702

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2001)

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>K9 Training</u>			
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.			
28	<u>K9 agility training for beginner through master level dogs and handlers. Provide guest speaker/trainer for agility education. Estimated over 100 dogs trained per year.</u> (Grants \$)	28a	19053
29	<u>Agility competition for K9's. Two USDAA sanctioned trials sponsored per year. Estimated 125-175 dog/handler pairs entered to trial.</u> (Grants \$)	29a	18280
30	<u>Provide demonstrations to the general public on K9 agility. Multiple events per year. Unable to count persons benefitted due to public nature of the events.</u> (Grants \$)	30a	369
31	Other program services (attach schedule) (Grants \$)	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	37702

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40.)				
(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
<u>Silvia Messmer</u> <u>1336 W 13th St, Tempe, AZ 85281</u>	<u>President, .5 hr/wk</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Lauren McDermott</u> <u>8043 S 13th St, Phoenix, AZ</u>	<u>Training Dir., 1 hr/wk</u>	<u>50</u>	<u>0</u>	<u>0</u>
<u>Sara Patrick</u> <u>668 E Ranch Road, Gilbert, AZ 85296</u>	<u>Vice-President, .5hr/wk</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	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"/>
34	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"/>
35	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"/>
a	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	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 unpaid at the start of the period covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <u>38b</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40a	501(c)(3) organizations. 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	501(c)(3) and (4) organizations. 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"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		<u>0</u>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ _____		<u>0</u>
41	List the states with which a copy of this return is filed. ▶ <u>Arizona</u>		
42	The books are in care of ▶ <u>Marlene REzac</u> Telephone no. ▶ <u>(480) 206-6831</u>		
	Located at ▶ <u>13421 E Chicago St, Chandler, AZ</u> ZIP + 4 ▶ <u>85225-6076</u>		
43	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 ▶ <u>43</u>		

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.

Please Sign Here

Signature of officer: Silvia Messmer Date: 1-14-11

Type or print name and title: SILVIA MESSMER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

Phone no.: _____



990 EZ Part IV Attachments 2001

A	B	C	D	E
Debbie Porter 2319 S. El Marino Mesa, AZ 85202	Board Member .5 hr/wk	0	0	0
Anna Hanson 1765 E. Washington Ct Gilbert, AZ 85234	Board Member .5 hr/wk	0	0	0
Jean Emery 1406 W Stottler Chandler, AZ 85224	Board Member Trainer .5 hr/wk	100	0	0
Joe Yarchin 1145 W Grandview St Mesa, AZ 85201	Board Member .5 hr/wk	0	0	0
Susan Hockley 959 W Myrtle Chandler, AZ 85248	Secretary 75 hr/wk	100	0	0