

2002

Open to Public Inspection

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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning September 1, 2002, and ending August 31, 2003

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Good Dog Agility Club, Inc. D Employer identification number: 26-0734238. E Telephone number: (480) 206-6831. F Enter 4-digit (GEN):

G Accounting method: Cash, Accrual. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Web site: www.gooddog.org. J Organization type (check only one): 501(c)(4)

K Check if the organization's gross receipts are normally not more than \$25,000. 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. Total: \$35511

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 35511. Total expenses: 28225. Net assets at end of year: 16988.

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.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets (Agility Equipment), Total assets, Total liabilities, Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		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? K9 Training			
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	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. (Grants \$)	28a	13647
29	Agility competition for K9's. Three USDAA sanctioned trials sponsored per year. Estimated 150-200 dog/handler pairs entered to trial. (Grants \$)	29a	14298
30	Provide demonstrations to the general public on K9 agility. Multiple events per year. Unable to count persons benefitted due to public nature of events. (Grants \$)	30a	0
31	Other program services (attach schedule) (Grants \$)	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	27945

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)				
(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
Silvia Messmer 1337 W. 13th St., Tempe, AZ 85281	President, .5 hr/wk	0	0	0
Susan Hockley 959 W. Myrtle, Chandler, AZ 85248	Secretary, .75 hr/wk	0	0	0
Debbie Porter 2319 S. El Marino, Mesa, AZ 85202	Treasurer, 1 hr/wk	0	0	0

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"/>	
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"/>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" 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"/>	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 ▶		0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		0
41	List the states with which a copy of this return is filed. ▶ Arizona		
42	The books are in care of ▶ Marlene Rezac Telephone no. ▶ (480) 206-6831		
	Located at ▶ 134210 E. Chicago St., Chandler, AZ ZIP + 4 ▶ 85225-6076		
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 ▶ 43		

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: *Marlene Rezac* Date: *11/13/11*

Type or print name and title: *Marlene Rezac* Board Member

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 2002

A	B	C	D	E
Jean Emery 1406 W Stottler Chandler, AZ 85224	Training Director .5 hr/wk	0	0	0
Joe Yarchin 1145 W Grandview St Mesa, AZ 85201	Board Member .5 hr/wk	0	0	0
Sandy Beckler 24370 184 th Pl Queen Creek, AZ 85242	Board Member .5 hr/wk	0	0	0
Karen Gloor 1008 N Quartz Gilber, AZ 85234	Board Member .5 hr/wk	0	0	0