

Form **990-EZ**

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)

OMB No. 1545-1150

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2003 calendar year, or tax year beginning **September 1**, 2003, and ending **August 31**, 20 **04**

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 Group Exemption Number
▶

• **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 Website: ▶ 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. ▶ \$ **41908**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		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																											41495	
	3	Membership dues and assessments																											413	
	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). If any amount is from gaming, check here <input type="checkbox"/>																												
	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)																												41908	
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																											450	
	13	Professional fees and other payments to independent contractors																											1580	
	14	Occupancy, rent, utilities, and maintenance																											9001	
	15	Printing, publications, postage, and shipping																											168	
	16	Other expenses (describe ▶ _____)																											19430	
17	Total expenses (add lines 10 through 16)																											30629		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																											11279	
	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)																											16988	
	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)																											28267	

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 page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	12224	22 13249
23	Land and buildings	0	23 0
24	Other assets (describe ▶ Agility Equipment)	4674	24 15018
25	Total assets	16988	25 28267
26	Total liabilities (describe ▶ _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16988	27 28267

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2003)

Part III Statement of Program Service Accomplishments (See page 41 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	13082
29	Agility competition for K9's. Three USDAA sanctioned trials sponsored per year. Estimated 175-225 dog/handler pairs entered to trial. (Grants \$)	29a	17071
30	Provide demonstrations to the general public on K9 agility. Multiple events per year. Unable to count persons benefitted due to the public nature of the events. (Grants \$)	30a	100
31	Other program services (attach schedule) (Grants \$)	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	30253

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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
Karen Gloor 1008 N. Quartz, Gilbert, AZ 85234	President, .5 hr/wk	0	0	0
Susan Hockley 959 W. Myrtle, Chandler, AZ 85224	Secretary, .75 hr/wk	0	0	0
Debbie Porter P.O. Box 6944, Chandler, AZ 85246	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" 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"/>
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		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		<input checked="" type="checkbox"/>
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 ▶ 13421 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		

Please Sign Here

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

Signature of officer: *Karen Gloor* Date: *1/13/11*
Type or print name and title: *Karen Gloor* *President*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____
Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
Phone no. () _____



990 EZ Part IV Attachments 2003

A	B	C	D	E
Jean Emery 1406 W Stottler Chandler, AZ 85224	Board Member .5 hr/wk	50	0	0
Joe Yarchin 1145 W Grandview St Mesa, AZ 85201	Board Member .5 hr/wk	0	0	0