

2005

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 2005 calendar year, or tax year beginning September 1, 2005, and ending August 31, 2006

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 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)

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 chooses to file a return, be sure to file a complete return. 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. \$ 68428

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21).

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 41 of the instructions.)

Table with 7 rows and 3 columns: Description, (A) Beginning of year, (B) End of year. Includes Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 42 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? <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	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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19066
29	Agility competition for K9's. Three USDAA sanctioned trials sponsored per year. Estimated 200-250 dog/handler pairs entered to trial. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	33645
30	Provide demonstrations to the general public on K9 training. Multiple events per year. Unable to count persons benefitted due to the public nature of events. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1047
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	53758

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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
Brian Huston 833 E Glade Ave, Mesa, AZ 85204	President, .5 hr/wk	100	0	0
Joe Yarchin 1145 W Grandview, Mesa, AZ 85201	Vice-President, .5hr/wk	100	0	0
Marsha McIntosh 9754 W Desert Hills Dr, Sun City, AZ 85351	Secretary, .75 hr/wk	0	0	0
Silvia Messmer 1336 W 13th St, Tempe, AZ 85281	Treasurer, 1 hr/wk	100	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	33	<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	34	<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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?	37b	<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?	38a	<input checked="" type="checkbox"/>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	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 ▶		
40b	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.	40b	<input checked="" type="checkbox"/>
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
	d Enter amount of tax on line 40c reimbursed by the organization ▶		0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ Arizona
- 42a** 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
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- | | Yes | No |
|------------|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |
- If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- If "Yes," enter the name of the foreign country: ▶ _____
- 43** 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 ▶ 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: [Signature] Date: 1-14-11

Type or print name and title: SILVIA MESSMER TREAS.

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 2005

A	B	C	D	E
Kim O'Connor 1962 E Bart St Gilbert, AZ 85296	Training Director 1 hr/wk	100	0	0