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Filing Relief VLP

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

B Check if applicable
☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
Montgomery Alabama Dog Obedience Club
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 231091
City or town, state or country, and ZIP + 4
Montgomery, AL 36123-1091

D Employer identification number
63 0863080

E Telephone number
(334) 269-1698

F Group Exemption Number . . . ▶

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶ **madoc.org**

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 . ▶ \$ **50758.34**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (attach schedule)	18 Excess or (deficit) for the year. Subtract line 17 from line 9
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	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)
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (attach explanation)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	16 Other expenses (describe ▶ equip exp, show expense(judges ribbons etc))	
6 Special events and activities (attach schedule). If any amount is from gaming, check here ☐	17 Total expenses. Add lines 10 through 16	
6a Gross revenue (not including \$ of contributions reported on line 1)		
6b Less: direct expenses other than fundraising expenses		
6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a		
8 Other revenue (describe ▶)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		

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 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	88591.31	97761.49
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	88591.31	97761.49
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88591.31	97761.49

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 60 of the instructions.)

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23 Land and buildings		
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88591.31	97761.49

91 12ne

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)What is the organization's primary exempt purpose? **Training dogs, Holding AKC competition events**

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.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	AKC Trials (Obedience & Agility) Competitions that are open to the public to show their dogs in events. The events are also open to spectators to help the public understand a high level of dog training. 315 competitors participated in 4 trials (Grants \$) If this amount includes foreign grants, check here ☐	28a	29889.96
29	Classes - Provide dog training classes to the public. Helping people gain control of their dogs, teaching them to become better canine citizens. 108 students open to the public. (Grants \$) If this amount includes foreign grants, check here ☐	29a	369.00
30	Microchipping clinics - Microchipping dogs so that lost animals can be located and returned to their owners. Humane shelters and Vets have scanners that read the chips which are registered in the owners name and can then locate the owner. 68 animals chipped. (Grants \$) If this amount includes foreign grants, check here ☐	30a	1887.58
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses. Add lines 28a through 31a	32	32146.54

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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
Lee Ann Doan 103 Judson Ct Prattville, AL 36067	President	0	0	0
Kim Brackin 1002 Rosebud Drive Dothan, AL 36303	Vice President	0	0	0
Gayle Smith 1805 Alderpoint Dr Montgomery, AL 36106	Secretary	0	0	0
Sara Langston 1520 Bridge Creek Road Prattville, AL 36067	Treasurer	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	✓
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	✓
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.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0	37b	
b Did the organization file Form 1120-POL for this year?		
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	✓
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	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**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 . . .

	Yes	No
40b		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____**d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

40e		✓
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41 List the states with which a copy of this return is filed. ▶ _____**42a** The books are in care of ▶ **Sandra Huner**Telephone no. ▶ (**334**) **396-0770**Located at ▶ **PO Box 3694 Montgomery, AL**ZIP + 4 ▶ **36109-3694****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		✓

If "Yes," enter the name of the foreign country: ▶ _____

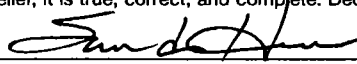
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

42c		✓
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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

Date

10/14/10▶ **Sandra Huner Treasurer**

Type or print name and title

**Paid
Preparer's
Use Only**Preparer's
signature ▶

Date

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address, and ZIP + 4 ▶

EIN ▶

Phone no ▶ ()

Part IV

Name & Address	Title	Compensation	Contributions	Expense Account
Gina Newsome 3930 Ray Drive Montgomery, AL 36067	Director	0	0	0
Colleen Beach 60 Sky View Drive Wetumpka, AL 36093	Director	0	0	0
Sharon Grishop 1912 Beauvoir Lake Drive Montgomery, AL 36117	Director	0	0	0
Alesa Ryals 9688 US Hwy 31 Fort Deposit, AL 36032	Director	0	0	0
Sue Windham 74 Dogwood Meadows Lane Wetumpka, AL 36093	Director	0	0	0