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Department of the Treasury Internal Revenue Service

### **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 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning and ending		<del></del>
	<u>—</u>	heck if	Please use IRS C Name of organization	D Employer identifi	cation number
		Addres	label or ROGUE CANINE AGILITY, INC.		
	$\overline{}$	Name change	type	93-1	136640
	F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		
	$\vdash$	Termir		· ·	<u>488-5660</u>
	$\vdash$	Ameno		G Gross receipts \$	55,890.
	一	Applic		H(a) Is this a group re	
		pendır	F Name and address of principal officer MARY BETH LAMB	for affiliates?	Yes X No
			P O BOX 663, ASHLAND, OR 97520	H(b) Are all affiliates inc	
	ı T	ax-exe	empt status X 501(c) (7 ) ◀ (insert no ) 4947(a)(1) or 527	<b>⊣</b> ''	list. (see instructions)
			e: ► WWW.ROGUECANINEAGILITY.COM	H(c) Group exemption	
					A State of legal domicile: OR
		rt I	Summary		
	o)	1	Briefly describe the organization's mission or most significant activities TEACH MEM	BERS AND THE	IR DOGS THE
	Governance		PROPER TECHNIQUES FOR THE SAFE PERFORMANCE OF		
	rna		Check this box   if the organization discontinued its operations or disposed of mo		
	ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	<b>ග</b> .	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
9		5	Total number of employees (Part V, line 2a)	5	0
2010	Viti	6	Total number of volunteers (estimate if necessary)	6	21
<del></del>	Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>—</b>		b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Z			Contributions and grants (Part VIII line 1b) RECEIVED	Prior Year	Current Year
S	ē			2,410.	5,138.
	Revenue		Program service revenue (Part VIII, line 2g)	44,074.	49,190.
<u>J</u>	Re		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 2d) MAY 1 0 2010 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)	211.	662.
$\mathbb{Z}$		11		1,706.	577.
SCANNED		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)  Grants and similar amounts paid (Part IX, column (A), lines 13	48,401.	55,567.
S			( )		
Ŵ.		1	Benefits paid to or for members (Part IX, column (A), line 4)		
- ,	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	en	l	Professional fundraising fees (Part IX, column (A), line 11e)		
	X	l	Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	48,059.	E0 220
		l .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,059.	50,330.
			Revenue less expenses Subtract line 18 from line 12	342.	50,330. 5,237.
	es Ses			eginning of Current Year	End of Year
	Assets or designation of designation of the designa	20	Total assets (Part X. line 16)	38,979.	44,216.
	Ass		Total liabilities (Part X, line 26)	30,313.	44,210.
	Fund Fund	l	Net assets or fund balances Subtract line 21 from line 20	38,979.	44,216.
	Pa	ırt II	Signature Block		21/2200
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	, and to the best of my knowled	ge and belief, it is true, correct,
			and complete Declaration of prepare (other than once) is based on an information of which prepare has any knowledge	-	-
	Sigi	า	Mary Rett humb	<i>  3-</i> 5-	-10
	Her	е	Signature of officer	Date	
			MARY BETH LAMB, TREASURER		
			Type or print name and title		
	Paid		Preparer's Date Date Co	heck if Prepare (see ins	er's identifying number structions)
	_	arer's	signature vanus a homass (18 9/29/10/e	mployed	
	•	Only	Firm's name (or KOSMATKA DONNELLY & CO LLP yours if	EIN ▶	
		-···y	self-employed), address, and 640 SUPERIOR COURT		_
			ZIP+4 MEDFORD, OR 97504-6181	Phone no. ► 5	41-773-6633
	May	the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2009)

	990 (2009)	ROGUE CANINE A		93-11	36640 Page 2
Par	t III Statement of	f Program Service Acco	omplishments		
1		RS AND THEIR DO		HNIQUES FOR THE SA	
2	Did the organization un the prior Form 990 or 9		m services during the year which	were not listed on	☐Yes X No
3		e new services on Schedule O	ficant changes in how it conducts	s any nrogram services?	Yes X No
3	If "Yes," describe these	e changes on Schedule O.		· · ·	Tes (AZ) NO
4	Section 501(c)(3) and 5	501(c)(4) organizations and sec	of the organization's three larges stion 4947(a)(1) trusts are required e, if any, for each program service	to report the amount of grants and	
<b>4a</b>		SANCTIONED EVEN		)(Revenue \$ THE AMERICAN KENN R SIMILAR ORGANIZA	
4b		INTEREST IN THE	,579. including grants of \$ SPORT OF DOG AGI R TRAINING CLASSE	)(Revenue \$ LITY BY GIVING PUB S AND SEMINARS	5,223.) LIC
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services	s. (Describe in Schedule O ) including grants	of \$ \\/Re	venue \$	
 4е	Total program service		48,325.	) j	
					Form <b>990</b> (2009)

Form 990 (2009) ROGUE CANINE AGILITY, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	_10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.		` /	٠.
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			\$
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			Í
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.		3	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			,
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		*	*
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
40		40		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	
U	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	יבודו		
.5	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	<b>990</b> (	2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	İ		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	1	
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			_
	Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			,
	instructions for applicable filing thresholds, conditions, and exceptions)	-,4		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
^^	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			v
<b>-</b> -	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	05		v
00	If "Yes," complete Schedule R, Part V, line 2	35_		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u> 990 (2	2000
		LOUIT	JJU (2	∠UUY)

# Form 990 (2009) ROGUE CANINE AGILITY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		Г	162	INO
	U.S. Information Returns. Enter -0- if not applicable	1a	C	ıl		'
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and i		ole gaming	1		,
	(gambling) winnings to prize winners?	•	3	1c		•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1				
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b				2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		tions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a		$\mathbf{x}$
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	.,		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			_
	financial account in a foreign country (such as a bank account, securities account, or other financial		5	4a		Х
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	nd			:
	Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders	ardıng F	Prohibited			
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	nızatıon solıcıt			
	any contributions that were not tax deductible?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				*	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
_	provided to the payor?			7a	-	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b		
·	to file Form 8282?	as requ	iirea	<b>.</b> .	İ	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7с		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	-	1			
Ī	benefit contract?	00,00110		7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		juired?	7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-				
	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1 1			1	:
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	0.	•	ľ	i.
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0.			
11	Section 501(c)(12) organizations. Enter	1 1		Ì		ı
	Gross income from members or shareholders	11a				
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them)	11b			ŀ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		<del></del> ,
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			000 "	20003
				rorm :	<b>990</b> (2	2009)

Form 990 (2009) ROGUE CANINE AGILITY, INC. 93-1136640 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u>Sec</u>	tion A. Governing Body and Management						
b Enter the number of voting members that are independent officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee?  2 Did any officer, director, frustee, or key employee?  3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its organizational documents since the prior Form 950 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization on have members of subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 Did the organization have members or obehalf of the governing body?  9 Section B. Policies (first Section B neglests information about policies not required by the internal Flevenue Code)  10a Does the organization have local chapters, branches, or affiliates?  10b If Yes, "fortice, director, furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  10b If Yes, "fortice, director, furstee, or key employee steed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  10c If Yes, "fortice, director, furstee, or key employee steed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  10c If Yes, "fortice, director, the properation have on the reached at the continuation of the fortice organization?  11c If Yes, "fortice, director, and the properatio							Yes	No
2 Did any officer, director, frustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization nake any significant changes to its organizational documents insert the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Ave any decisions of the governing body subject to approval by members, stockholders, or other persons? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 Table governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization raining additions. 9 Did the organization have local chapters, branches, or affikates? 10 Does the organization have local chapters, branches, or affikates? 10 Does the organization have local chapters, branches, or affikates? 10 Does the organization have a written policies and procedures governing the activities of such chapters, affikates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have a written policies and procedures governing body before filing the form? 12 Does the organization have a written policies and procedures governing body before filing the form? 13 Average of the organization have a written policies and procedures governing body before filing the form? 14 Describe in Schedule O Hip process, if any, used by the organization or revew this Form 990. 15 Does the organization have a written policies of the organization of the del	1a	Enter the number of voting members of the governing body	<u>1a</u>	1		7		
officer, director, fustee, or key employee?  3 Dot the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or fustees, or key employees to a management company or other person?  4 Dot the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization have marked warp they sear of a material diversion of the organization's assets?  5 Dos the organization have members or stockholders?  6 Dose the organization have members or stockholders?  7 Dos the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  6 Did the organization contemporarecusty document the meetings held or written actions undertaken during the year by the following  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Is there any officer, director, frustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? III "Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10 Does the organization have local chapters, branches, or affiliates?  10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11 Has the organization have a written policie of interest plocy? If "Yes," or lone 13  12 Les Does the organization have a written officie of interest plocy? If "Ne," or to fine 13  12 Does the organization have a written officie of interest plocy? If "Ne," or to fine 13  12 Does the organization have a written policy or procedure requiring the organization to evaluate	þ	Enter the number of voting members that are independent	_1t	<u> </u>	9	1		
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						Form	<b>990</b> (	2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average			(C Pos	C)			( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and Title	hours	   (cl	check all tha					compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT MICHELON	2 00							0	•	
PRESIDENT	2.00	-			-			0.	0.	0
PAULA MARTIN SECRETARY	4.00							o.	0.	0
MARY BETH LAMB	3.00							0.	<u> </u>	
TREASURER	6.00							0.	0.	0.
BETH MOLINE										
VICE PRESIDENT	2.00	_			<u> </u>			_ 0.	0.	0 .
CORLANE EACOTT									_	
DIRECTOR	2.00							0.	0.	0
DENNIS EUBANKS DIRECTOR	2.00							0.	0.	0.
DARLA JOCHUM	2.00	<del>                                     </del>			-					
DIRECTOR	2.00							0.	0.	0.
RHEA TUTTLE										
DIRECTOR	2.00		ļ			<u> </u>		0.	0.	0.
DIANNE QUARG DIRECTOR	2.00							o .	0.	0.
										<del></del>
			_							<del></del>
		1	l							

1 3	Part VII   Section A. Officers, Directors, Trustees, Key   (A) (B)								(D)	(E)		(F)
	Name and title	Average hours	(cl		Pos		app	ly)	Reportable compensation	Reportable compensation	am	timated nount of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org: and	other pensation om the anization d related nizations
											-	
												_
_						_					-	
1b Total									0.	0		0.
2 Total n	umber of individuals (including but insation from the organization	not limited to th	ose	liste	d al	oove	e) wh	no re				0
	organization list any former office			, key	em/	plo	yee,	or h	nighest compensated en	nployee on	3	Yes No
4 For any	r individual listed on line 1a, is the ated organizations greater than \$1	sum of reportab	le co							the organization	4	x
the org	person listed on line 1a receive of anization? If "Yes," complete Schelander	•			rom	any	unr	elat	ed organization for servi	ces rendered to	5	х
1 Comple	ete this table for your five highest of anization NONE	compensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsation fr	om
	(A) Name and busines	ss address					_		(B) Description of s	ervices	(C Compen	sation
								-				
	, , , , , , , , , , , , , , , , , , , ,							-				
2 Total no	umber of independent contractors	fineluding but =	O+ 1			+h			about vite and the	are their		
	00 in compensation from the organ					_	se iis	iea	above, who received m	ore triari	Form 9	90 (2009)

	990 (2			AGILITY,	INC.		93-1136	640 Page 9
Pai	rt VIII	Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	ts, and	5,138.				
Contrib and oth	_	similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	- (		5,138.			
	2 a b	TRIALS FOR DOG TRIALS FOR DOG	AGILITY	Business Code 900099 900099	23,351. 11,327.			23,351. 11,327.
Program Service Revenue	c d	TRIALS FOR DOG DOG TRAINING SE PROG.SERV.REVEN	SSIONS	900099	8,413. 5,223.			8,413. 5,223.
Pro	e f	All other program service reve Total. Add lines 2a-2f		900099	876. 49,190.			876.
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	662.			662.
	6 a b	Gross Rents Less rental expenses Rental income or (loss)	(i) Real 900.	(ii) Personal				
	d 7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other	900.	900.	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
	С	and sales expenses Gain or (loss) Net gain or (loss)		<b></b>				
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of					
ğ	þ	Less direct expenses	b					ı
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	-	<b>&gt;</b>			• • • • • • • • • • • • • • • • • • • •	,
	С	Less: direct expenses  Net income or (loss) from gam  Gross sales of inventory, less	_	<b>&gt;</b>				
	b	and allowances Less: cost of goods sold Net income or (loss) from sale:	a b	323.	-323.			-323.
F	11 a	Miscellaneous Revenu	e	Business Code				
	b							
	d e	All other revenue  Total. Add lines 11a-11d		<b>&gt;</b>				
93200 02-04-	12 19 - 10	Total revenue. See instructions.		<u> </u>	55,567.	900.	0.	49,529. Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(ع) All other organizations must compl	and 501(c)(4) organizat ete column (A) but are			d (D).
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		_		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				<del></del>
þ	Legal				
С	Accounting	1,467.		1,467.	
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	334.	334.		<del></del>
13	Office expenses	526.	526.		
14	Information technology				<del></del>
15	Royalties	0.4.0	0.40		
16	Occupancy	840.	840.		<del> </del>
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings		-		
20	Interest				
21	Payments to affiliates	3,448.	3,448.		
22	Depreciation, depletion, and amortization	998.	998.		
23	Other expenses, Itamiza expenses not covered	770.	998.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		į		
_	AKC OCTOBER TRIAL	12,898.	12,898.		
a h	NADAC TRIAL	11,381.	11,381.		
Þ	DOG TRAINING CLASSES	6,925.	6,925.		
c d	DONATION CLASSES	4,873.	4,873.		
_	CPE TRIAL	4,542.	4,542.		
e f	All other expenses	2,098.	1,560.	538.	
	Total functional expenses Add lines 1 through 24f	50,330.	48,325.	2,005.	0.
<u>25</u> 26	Joint costs. Check here Jif following	30,330.		۵,000.	
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	outrousing campaign and renorability solicitation				<del></del>

Part X Balance Sheet (A) Beginning of year End of year 24,393. 18.152. Cash - non-interest-bearing 1 1 Savings and temporary cash investments 11,083. 2 11,870. 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 33,858 25,905 9,744. 7,953. 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 38,979 44,216. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees. 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities Complete Part X of Schedule D 25 25 0 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here \_\_ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 0. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 31 38,979. 44,216. 32 Retained earnings, endowment, accumulated income, or other funds 32 38,979. 44,216. 33 Total net assets or fund balances 33

Form 990 (2009)

44,216.

38,979

34

Total liabilities and net assets/fund balances

Form	1990 (2009) ROGUE CANINE AGILITY, INC. 93-1136	<u> </u>	Pag	ge <b>12</b>
Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1		1
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or guides, explain why in Schodule O and describe any steps taken to undergo such audits	25		ĺ

Form **990** (2009)

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

ROGUE CANINE AGILITY, INC. **Employer identification number** 

93-1136640 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures. or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		<u>ANINE AGIL</u>								Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Other	r Simila	ar Asse	ts (contir	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sig	jnificant ι	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	(	# 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	•	• 🗀	Other		_				
С	Preservation for future generations						_	_		
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	he organizat	ion's exem	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımılar i	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	anization's co	ollection?				Yes	☐ No
Par	t IV   Escrow and Custodial Arran					s" to Form	990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets not i	ncluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.						
	•	•	_						Amount	
С	Beginning balance						1c	-		
d	Additions during the year						1d		_	
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	No
	If "Yes," explain the arrangement in Part XIV.									
	t V Endowment Funds. Complete		nswered	"Yes" to Fo	rm 990, Part	IV, line 10	),	·		
	·	(a) Current year		Prior year	(c) Two year		d) Three ye	ears back	(e) Four	ears back
1a	Beginning of year balance				1					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities						•			
	and programs									1
f	Administrative expenses									
g	End of year balance									,
2	Provide the estimated percentage of the year	r end balance held	as		•					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	<del></del> %								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	ered for the	e organiz	ation		
	by.						_		<u> </u>	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owment	funds						
Pai	rt VI Investments - Land, Building	gs, and Equipm	ent. s	ee Form 990	, Part X, line	10				
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investi	ment)	basis	(other)	depr	eciation	1		
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment			3	3,858.		25,90	)5.	7	,953.
е	Other								<u>-</u>	0.
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line 1	10(c) )			<b>&gt;</b>	7	,953.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

Schedule D (Form 990) 2009

	A VI Decembilities of Change in Net Access from Form 200 to	A ! ! i	Fin	93-1136	640 Page 4
<u> </u>	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	<del></del>	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		<del></del>
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		·
8	Other (Describe in Part XIV)		_8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	<u> </u>			
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b		]	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<del>_</del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				·
а	Donated services and use of facilities	2a			
b	Prior year adjustments .	2b		]	
С	Other losses	2c		]	
d	Other (Describe in Part XIV)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	_
Pa	t XIV Supplemental Information				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	, lines 1a ar	nd 4, Part IV, lines 1	b and 2b, Part	V, line 4; Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple	ete this par	rt to provide any ad	ditional informa	ation
				-	
				_	
			<del></del>		-
		-			
			-		

#### **SCHEDULE 0**

(Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROGUE CANINE AGILITY, INC.

Employer identification number 93-1136640

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENJOYMENT OF BOTH THE MEMBER AND THE DOG.
FORM 990, PART VI, SECTION A, LINE 6: ROGUE CANINE AGILITY HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF ROGUE CANINE AGILITY CAN ELECT, FROM THEIR MEMBERSHIP, THE MEMBERS OF THEIR GOVERNING BOODY.
FORM 990, PART VI, SECTION A, LINE 8B: NOTES AND MINUTES ARE KEPT OF THE MEETINGS OF THE BOARD OF DIRECTORS, BUT NOT OF COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS PRESENTED BY THE TREASURER TO THE BOARD OF DIRECTORS FOR APPROVAL; UPON APPROVAL, THE TREASURER SIGNS THE FORM 990 AND SUBMITS IT.
FORM 990, PART VI, SECTION C, LINE 18: A COPY OF THE MOST CURRENT YEAR'S FORM 990 IS AVAILABLE FOR PUBLIC REVIEW UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS, FORM 990, AND OTHER ENTITY ORGANIZATIONAL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION
UPON REQUEST.

: Year	0	0	0	0	0.	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Year Deduction	·				1	i		1		ę (		¢.						
Current Sec 179					7	E E		•	•	,	ı				,			
Accumulated Depreciation		,		;		1	ì	1	}			l	ţ	-				
Basis For Depreciation		,		;	1	i i	.						,	;		;		
Reduction In Basis	280.	315.	150.	222.	150.	3,580.	225.	165.	64.	40.	465.	280.	368.	.09	1,771.	138.	530	346.
Bus % Excl				1	1	į	1 2 2 2	1			;	1		i ,	ì	i.		
Unadjusted Cost Or Basis	280.	315.	150.	222.	150.	3,580.	225.	165.	64.	40.	465.	_ 280.	368.	.09	1,771.	138.	530.	346.
No No	17	17	17	17	17	17_	17	17	17	17	17	17	17	17	17	17	17	17
Life	2.00	5.00	5.00	5.00	2.00	5.00	0 0 · · ·	2.00	2.00	0.00	2.00	5.00	7.00	0.00	7.00	7.00	00.7	7.00
Method	200DB	200DB	300200085.0	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	300DB	SOODB	200DB	SOODE	300DB	200DB	00DB
Date Acquired	011000200DB5.0	011200200DB5.0	061300	082800200005.0	070700200DB5.0	TU021201200DB5.0	040601200DB5.0	050801200DB5.0	080101200DB5.0	080701200DB5.0	091001200DB5.0	091401200DB5.0	060602200DB7.0	061802	090402200DB7.0	090902200DB7.0	091902200DB7.0	09 30 02 200DB 7.0
Description	1RADIOS	2TUNNET	3WEAVE POLES	4SANDBAGS		GBARRELS, POLES & TU	7TUNNEL HOLDERS	8SHUTES	9CHAINS FOR A FRAME	10CONES	MP & TUNNEL	SEIS OF IONNEL	1320' 4 PITCH TUNNEL	14x-PENS FOR CLASSES 061802200DB7.0	15NEW EQUIPMENT	16NEW EASELS	MACKS FOR	ASSES
Asset	1	C/3	m	4	 	9	7	<b>∞</b> ¯	6	10	11	12	13	14	15	16	17	18

928102 06-24-09

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Current Year Deduction	0	0	0	0	685.	55.	591.	.85	127.	49	286.	43.	250.	84.	440.	506.	3,201.
Current C Sec 179	ı									ı		r		1			0
Accumulated C Depreciation S		<u> </u>	<u> </u>		.919.	419.	.663.	382.	570.	222.	287.	191.	146.	53.	257.	295.	404.
Accum				,	4	•		•	•,	•,	1,	· ·		•		•	11,
Basis For Depreciation					5,947.	610	4,730	989	1,014	<u> </u>	2,288	340	1,020	263	1,796	2,065.	21,148
Reduction In Basis	604.	466.	685.	149.			1		1	i i	,			:	:		11,053.
Bus % Excl	,						1	í			1 1 1	e 5	1	ı	-	ì	
Unadjusted Cost Or Basis	604.	466.	685.	149.	5,947.	610.	4,730.	. 680	1,014.	395.	2,288.	340.	1,020.	263.	1,796.	2,065.	32,201.
No	17	17	17	17	17	17	17	17.	17	17	17	17	17	17	17	17	
Lıfe	7.00	7.00	7.00	5.00	2.00	7.00	00.7	0.0.7	7.00	7.00	7 . 0 0	7.00	7.00	5.00	7.00	00.7	
Method	200DB	200DB	200DB	200DB	200DB	200DB	200 <u>0</u> 2	200DB	200DB	200DB	2000B	200DB	200DB	200DB	200DB	ZOODB'	
Date Acquired	110902200DB7.00	122903200DB7.00	061704200DB7.00	110504200DB5.00	33005	080805200DB7.00	020106200DB7.0C	32206	041006200DB7.00	092606200DB7.00	100106200DB7.00	121306200DB7.0C	042208200DB7.00	020508200DB5.0C	080608200DB7.00	092408200DB7.00	
Description	19NEW EQUIPMENT	20NEW EQUIPMENT 1	21NEW EQUIPMENT 0	22MEASURING WHEEL 1	232 ELECTRONIC TIMERS033005200DB5.00	24NEW EQUIPMENT 0	25TRAILER 0	26TUNNEL HOLDER BAGS 032206200DB7.00	27NEW TUNNELS	28UPGRADE TIMERS 0	29NEW & RE-DOS	AGS	TOWNER	CHARGER TUNNELS AMES, WINGS, & ES TAL 990 PAGE 10			
Asset	1.5	7(	.2	2.	2.	24	2,5	76	2	28	25	3(	31	35	., ω	34	

(D) · Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

## **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 67

► See separate instructions. Business or activity to which this form relates

Identifying number

ROG Part	UE CANINE AGILITY,		79 Note: If vo	-		PAGE 10	V hefore v	93-1136640
	aximum amount See the instruction				otou proport	y, 00///p/0/0/ u//	1	250,000.
		2	230,000.					
	otal cost of section 179 property place	3	900 000					
	reshold cost of section 179 property	4	800,000.					
_	eduction in limitation. Subtract line 3	5	<del></del>					
	Illar limitation for tax year Subtract line 4 from lin							
6	(a) Description of p	roperty		(b) Cost (busin	ness use only)	(c) Electe	o cost	
							. —	,
	<del></del>			<del>.</del>				,
						-		ļ
7 Lis	sted property Enter the amount from	n line 29			_7			-
8 To	otal elected cost of section 179 prop	erty Add amounts	s ın column (d	c), lines 6 and	17		8	<u> </u>
9 Te	entative deduction Enter the smalle	r of line 5 or line 8					9	
10 Ca	arryover of disallowed deduction froi	n line 13 of your 2	008 Form 45	62			10	
<b>11</b> Bu	usiness income limitation. Enter the s	smaller of busines	s income (not	t less than ze	ro) or line 5		11	
<b>12</b> Se	ection 179 expense deduction Add	ines 9 and 10, bu	t do not ente	r more than li	ne 11		12	
	arryover of disallowed deduction to 2				▶ 13			
	Do not use Part II or Part III below for	<del></del>						
Parl	II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	ide listed pr	operty)	<u>,</u>	
14 Sp	pecial depreciation allowance for qua	alified property (ot	her than liste	d property) p	laced in ser	vice during		
th	e tax year						14	
15 Pr	roperty subject to section 168(f)(1) el	_15						
16 O	ther depreciation (including ACRS)						16	
Parl	t III MACRS Depreciation (Do n	ot include listed p	roperty ) (See	nstructions	)			
			Se	ction A				
17 M	ACRS deductions for assets placed	in service in tax y	ears beginnin	g before 200	9		17	3,201.
18 if y	ou are electing to group any assets placed in se Section B - Asset:						ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/ir	r depreciation nvestment use instructions)	(d) Recove		T	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property	7						
d	10-year property	7			· · · · ·			
е	15-year property	7						
f	20-year property	7						
<u>a</u>	25-year property	7			25 yrs		S/L	
		· · · /			27 5 yrs		S/L	
h	Residential rental property	/			27 5 yrs		S/L	
	***	,		· -	39 yrs	1	S/L	
i	Nonresidential real property	<del>',</del>			33 yis	MM	S/L	
	Section C - Assets	Placed in Service	During 2009	Tax Year U	sing the Ali			stem
200	Class life	Tidoca III oci vice		J Tux Tear O	Jing the Air	lemative Depre	-	
20a	<del></del>	$\dashv$			12 yrs		S/L	
<u>b</u>	12-year	S/L						
Par	40-year		<u> </u>		40 yrs	MM	S/L	
	<u> </u>							
	sted property. Enter amount from lin		4				21	
	otal. Add amounts from line 12, lines	-						
	nter here and on the appropriate line	-			tions - <u>see i</u>	nstr	22	3,201.
	or assets shown above and placed in	_	e current yea	r, enter the				
p	ortion of the basis attributable to sec	tion 263A costs			23	<u> </u>		
916251	be LHA For Paperwork Reduction							Form <b>4562</b> (2009)

Part V Listed Proper recreation, or a Note: For any through (c) of S	imusement ) vehicle for wi	hich you are us	sing the	standar	d milea	nge rate				•			-		
		on and Other					е іл	struc	tions for l	imits for	passen	ger auto	mobiles)	)	
24a Do you have evidence to s	support the bu	siness/investme	nt use cl	laimed?		Yes		No	24b If "Y	es," is t	he evide	ence writ	ten?	Yes [	□ No
(a) (b) (c) Type of property Date Busines: (list vehicles first ) placed in investme service use percent			t CUST UI		Bi	(e) Basis for depreciation (business/investment use only)		tment	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Ele	(i) ected on 179 ost
25 Special depreciation allo			property	y placed	ın serv	/ice dur	ıng	the ta	ax year ar	ıd					
used more than 50% in											25	<u> </u>		<u> </u>	
26 Property used more tha	n 50% in a c											-1			
			6									-			
	· · ·		6											<del> </del>	
27 Property used 50% or le	es in a qual	l										<u> </u>		<u> </u>	<del></del>
21 Troperty used 30% of R	Jos III a quali	l	6							S/L -		1			
			6	_						S/L -		<del>                                      </del>		i	
	<del>                                     </del>		6							S/L·				1	
28 Add amounts in column	(h) lines 25			re and or	line 2	1 page	1		<del></del> -	10/L	28	<del> </del>			
29 Add amounts in column		-				i, page	•						29		
20 / lad alloanto il colarini	<u> </u>			B - Infor		n on Us	e o	f Veh	icles					<u> </u>	
Complete this section for ve If you provided vehicles to y those vehicles													ing this	section f	or 
			(a)			(b)			(c)	(	(d)		(e)		f)
30 Total business/investment		uring the	Vel	hicle	V	ehicle	4	V	<u>ehicle</u>	Ve	hicle	Vel	Vehicle		ncle
year (do not include comi	,						_					ļ			
31 Total commuting miles of	_	•					_							ļ	
32 Total other personal (no	ncommuting	) miles													
driven			<u></u>		<u> </u>		_					<del> </del>		<u> </u>	
33 Total miles driven during Add lines 30 through 32															
34 Was the vehicle availab	le for person	al use	_Yes	No	Yes	No	<u>,  </u>	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?												ļ			
35 Was the vehicle used p		more													
than 5% owner or relate	•										ļ <u> </u>	-	<del> </del>		
36 Is another vehicle availa	ible for perso	onal					-				1				(
use?		•	L	<u> </u>	<u> </u>					L	<u> </u>	<u> </u>	<u> </u>	L	
Answer these questions to		<ul> <li>Questions f</li> <li>You meet an e</li> </ul>	•	•									re not m	ore than	504
owners or related persons.		,			p.o9	, 000110		10. 10	31110100 00	<b>00 b</b> y 0	Прюусс	o wilo a	i c not n	ore trian	370
37 Do you maintain a writte employees?	en policy stat	ement that pro	ohibits a	all persoi	nal use	of veh	cles	s, ıncl	uding cor	nmuting	, by you	ır	•	Yes	No
38 Do you maintain a writte	en policy stat	ement that or	ohihits r	nersonal	use of	vehicle	e 0	vceni	t commut	ına hv	/OUT				<del> </del>
employees? See the ins								•			, oui				
39 Do you treat all use of v					,	an coto	, c	JI 170	0, 11,0,0	J****					<del> </del>
40 Do you provide more th	•				ınforma	ation fro	om v	vour e	molovees	about					<del> </del>
the use of the vehicles,							,,,,	, 00. 0	p	docut				•	
41 Do you meet the require					monstr	ration u	se?								<del>                                     </del>
Note: If your answer to		• .							overed ve	hicles					1
Part VI Amortization												-			
(a) Description o	f costs		(b) te amortization Arm begins a			(C) ortizable mount			(d) Code section		(e) Amortiza			(f) mortization or this year	
42 Amortization of costs th	at begins du			ar				-	222.01.		penod or pe	-tourne		,	
		7, 1		T -	_			T			_	F			
	· — ·		· · · ·				_	+-			•			<u> </u>	
43 Amortization of costs th	at began be	fore your 2009	tax yea	ar								43		-	
44 Total. Add amounts in o	_	-	-		report	t						44			