



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

OMB No 1545-1150

2013

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning <span style="float: right;">, 2013, and ending <span style="float: right;">, 20</span></span> <b>B</b> Check if applicable		<b>C</b> Name of organization <b>SOUTHWEST AGILITY TEAM</b> Number and street (or P O box, if mail is not delivered to street address) <b>1411 CINDER LN</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>LOS LUNAS, NM 87031</b>		<b>D</b> Employer identification number <b>74-2845582</b> <b>E</b> Telephone number <b>505-866-1724</b> <b>F</b> Group Exemption Number ►	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		<b>I</b> Website: ► <a href="http://www.southwestagilityteam.org">www.southwestagilityteam.org</a>	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>75136.</b>	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .		<b>1</b> <span style="float: right;">1</span>		
2 Program service revenue including government fees and contracts . . . . .	<b>2</b> <span style="float: right;">2</span>				
3 Membership dues and assessments . . . . .	<b>3</b> <span style="float: right;">71965.</span>				
4 Investment income . . . . .	<b>4</b> <span style="float: right;">10.</span>				
5a Gross amount from sale of assets other than inventory . . . . .	<b>5a</b> <span style="float: right;">5a</span>		<b>5c</b> <span style="float: right;">5c</span>		
b Less: cost or other basis and sales expenses . . . . .	<b>5b</b> <span style="float: right;">5b</span>				
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b> <span style="float: right;">5c</span>				
6 Gaming and fundraising events <ul style="list-style-type: none"> <li>a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</li> <li>b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .</li> <li>c Less: direct expenses from gaming and fundraising events . . . . .</li> <li>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</li> </ul>	<b>6a</b> <span style="float: right;">6a</span> <b>6b</b> <span style="float: right;">6b</span> <b>6c</b> <span style="float: right;">6c</span> <b>6d</b> <span style="float: right;">6d</span>		<b>RECEIVED</b> <span style="border: 1px solid black; padding: 2px;">RECEIVED</span>		
7a Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b> <span style="float: right;">7a</span>				
b Less: cost of goods sold . . . . .	<b>7b</b> <span style="float: right;">7b</span>				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b> <span style="float: right;">7c</span>				
8 Other revenue (describe in Schedule O) . . . . .	<b>8</b> <span style="float: right;">3161.</span>				
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	<b>9</b> <span style="float: right;">75136.</span>				
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .		<b>10</b> <span style="float: right;">10</span>		
11 Benefits paid to or for members . . . . .	<b>11</b> <span style="float: right;">11</span>				
12 Salaries, other compensation, and employee benefits . . . . .	<b>12</b> <span style="float: right;">12</span>				
13 Professional fees and other payments to independent contractors . . . . .	<b>13</b> <span style="float: right;">13</span>				
14 Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b> <span style="float: right;">14</span>				
15 Printing, publications, postage, and shipping . . . . .	<b>15</b> <span style="float: right;">15</span>				
16 Other expenses (describe in Schedule O) . . . . .	<b>16</b> <span style="float: right;">68385.</span>				
<b>17 Total expenses.</b> Add lines 10 through 16 ►	<b>17</b> <span style="float: right;">68385.</span>				
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		<b>18</b> <span style="float: right;">6751.</span>		
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) . . . . .	<b>19</b> <span style="float: right;">9927.</span>				
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b> <span style="float: right;">1040.</span>				
<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ►	<b>21</b> <span style="float: right;">17718.</span>				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

SCANNER MAY 14 2014



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	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	✓
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 outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a 0	
39 Section 501(c)(7) organizations. Enter:	39b 0	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Robert J Kipp Telephone no. ► 505-866-1724	Located at ► 1411 Cinder Ln, Los Lunas, NM ZIP + 4 ► 87031	
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)? 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 and Financial Accounts.	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**Part VI      Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ►

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .

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

<b>Sign Here</b>	 Signature of officer <b>Robert J Kipp, Treasurer</b> Type or print name and title	 Date
----------------------	--	---

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions

Ext- 880-57 (cc)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► **Attach to Form 990 or 990-EZ.**  
► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**SOUTHWEST AGILITY TEAM**

Employer identification number

**74-2845582**

part I line 8 : **T-shirt sales and used equipment sales and rentals to members** **3161.**

part I line 16 : **Agility trial expenses: site rental, security, fees, etc** **46850.**

**judging fees & expenses** **13934.**

**General expenses: insurance** **2655.**

**supplies, postage, equipment maintenance, fees, and misc.** **4946.**

**Total expenses:** **68385.**

part I line 20 : **facility damage deposit refunds** **1000.**

**adjustment for uncleared checks** **40.**

**Total:** **1040.**

..... end .....