As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492132007210 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 B Check if applicable C Name of organization D Employer identification number ROGUE CANINE AGILITY INC ☐ Address change 93-1136640 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 1977 ☐ Final return/terminated (541) 488-5660 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return PHOENIX, OR 97535 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www roguecanineagility com **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(7) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other L 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 1 2 77,666 Program service revenue including government fees and contracts . . . . . . . . . . . . 2 3 3 685 4 224 4 5a Gross amount from sale of assets other than inventory . . . . . . 0 h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 7a Gross sales of inventory, less returns and allowances . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c c 8 Other revenue (describe in Schedule O) . . . 8 9 78,575 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 10 10 600 Grants and similar amounts paid (list in Schedule O) . 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 1.470 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . . 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O) 16 68,137 17 **Total expenses.** Add lines 10 through 16 17 70.207 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,368 Net Assets 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) . . . . . . . . . . . . . . . . . . 19 50,435 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . . . . . . . . 21 58,803 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2019) Cat No 10642I

Pai	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		<u> D</u>					
			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		No				
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	34		No				
	on Schedule O See instructions							
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		No				
Ь	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						
С	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		No				
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		No				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a							
	Did the organization file Form 1120-POL for this year?	37b		No				
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were							
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b							
39	Section 501(c)(7) organizations Enter							
а	Initiation fees and capital contributions included on line 9							
Ь	Gross receipts, included on line 9, for public use of club facilities 39b 0							
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under							
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0							
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b						
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization							
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No No				
41	transaction? If "Yes," complete Form 8886-T							
	The organization's books are in care of ▶ Mary Beth Lamb Telephone no	<b>⊳</b> <u>(54</u>	1) 488-5	5660				
42a	Located at ▶ PO Box 663 Ashland . OR ZIP + 4 ▶	97520						
			Yes	No				
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)?	42b		No				
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial							
_	Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S?	42c		No				
·	If "Yes," enter the name of the foreign country	720						
43 (	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		▶ □					
	and enter the amount of tax-exempt interest received or accrued during the tax year	•						
			Yes	No				
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	103	No				
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		No				
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No				
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	4						
45	explanation in Schedule O	44d		N1 -				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No				
<b>4</b> 3D	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		No				

	(2019)					1	Page
<b>6</b> D.J.L.	done the control of	and the second second	an actions are traded	6 of on m	Г	Yes	No
	organization engage, directly or indire ates for public office? If "Yes," complet				46		No
	Section 501(c)(3) Organization	-	47 401 15	2 1 1 1 1			
(	All section 501(c)(3) organizations Check if the organization used Schedul	s must answer questi e O to respond to any q	ons 47- 49b and 5 uestion in this Part V	2, and complete the	tables for I	ines 50 • • •	and 5
						Yes	No
	organization engage in lobbying activ " complete Schedule C, Part II	ties or have a section 5	01(h) election in effe	ct during the tax year?	. 47		
If "Yes," complete Schedule C, Part II							
	a Did the organization make any transfers to an exempt non-charitable related organization?						
	" was the related organization a sectio	•			. 49b		
	ete this table for the organization's five				stees and ke	y employ	ees)
	ch received more than \$100,000 of collame and title of each employee	mpensation from the org	ganization If there is (c) Reportable	none, enter "None "  (d) Health benefi	ts, <b>(e)</b> E	stımated	amou
		hours per week devoted to position	compensation (Forms W-2/1099 MISC)	contributions to emp	oloyee of oth		
NE							
NE	nsation from the organization If there  (a) Name and business address of	<u> </u>	actor	(b) Type of service	(c) Comp	pensation	1
d Total	number of other independent contract	ors each receiving over	\$100,000		•		_ 
	·	-			·		
. Did t	number of other independent contract the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(a	c)(3) organizations m	ust attach a	· ► 🗆 Y	es 🗆 I	
Did t comp der penalti wledge an	the organization complete Schedule A? oleted Schedule A	NOTE. All section 501(	c)(3) organizations m	chedules and statement	s, and to the	e best of	my
Did to comp der penalti owledge an	the organization complete Schedule A? oleted Schedule A	NOTE. All section 501(	c)(3) organizations m	chedules and statement	s, and to the	e best of	my
Did to compose the	the organization complete Schedule A? oleted Schedule A	NOTE. All section 501(	c)(3) organizations m	chedules and statement r) is based on all inform	s, and to the	e best of	my
Did to compose the	the organization complete Schedule A? oleted Schedule A	NOTE. All section 501(	c)(3) organizations m	chedules and statement r) is based on all inform 2020-05-11	s, and to the	e best of	my
2 Did to compose the compose t	the organization complete Schedule A? oleted Schedule A	NOTE. All section 501(	c)(3) organizations m	chedules and statement r) is based on all inform 2020-05-11 Date	s, and to the	e best of	my
der penalti owledge and any know	the organization complete Schedule A? coleted Schedule A	NOTE. All section 501(	c)(3) organizations m	chedules and statement r) is based on all inform  2020-05-11  Date  Check I if	PTIN P00541289	e best of	my
2 Did to compute der penalti	the organization complete Schedule A? coleted Schedule A	MOTE. All section 501(  mined this return, incluste Declaration of preparer's signature  Preparer's signature  BLIC ACCOUNTANTS LLP	c)(3) organizations m	chedules and statement r) is based on all inform  2020-05-11  Date  Check if self-employed	PTIN P00541289	e best of	my

## **Additional Data**

**Software ID:** 19009920

**Software Version:** 2019v5.0 **EIN:** 93-1136640

Name: ROGUE CANINE AGILITY INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization services, as measured by number of persons benef	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 To sponsor sanctioned even (NADAC) and other similar of	ts under rules of the American Kennel Club (AKC), North American Dog Agility Council organizations (CPE)	28a	
(Grants \$ )	If this amount includes foreign grants, check here $\blacktriangleright$ $\Box$		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments



efile GRAPHIC	C print -	DO NOT PROCESS	As Filed Data -			DLN: 93492132007210
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		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.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		2019 Open to Public Inspection		
<mark>Name</mark> l <b>Bନ୍ୟାଧ୍ୟ ତହନ୍ତ୍ରନ</b> ROGUE CANINE AGIL	ITY INC				93-1136640	dentification number
Return Reference	O, Suppl	emental Informatio	n	Explanation		
Other Expenses 1001	Advertisir	g and Promotion \$30				

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$936
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Depreciation \$1238

Other Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$2608 Expenses 1012

Other

990 Schedule O, Supplemental Information Return Explanation Reference

Other AKC October Trial \$22737 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other AKC Labor Day Trial \$20154
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other NADAC April Trial \$8173 Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other CPE May Trial \$4522

990 Schedule O, Supplemental Information Return Explanation Reference Other TDAA Winter \$1633

990 Schedule O, Supplemental Information Return Explanation Reference

Other Small equipment \$1521
Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other **CLUB CONTRIBUTION \$1405** Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other MISCELLANEOUS EXPENSE \$1030
Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference Other Holiday Party \$903

990 Schedule O, Supplemental Information Return Explanation Reference

Other

TDAA Spring Trial \$857 Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other BANK FEES \$199 Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other Trailer Expense \$116

990 Schedule O, Supplemental Information Return Explanation Reference

Other Corporate Fee \$50
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Other TDAA Summer Trial \$25
Expenses 14

Return Explanation

990 Schedule O, Supplemental Information

Assets 1004

Return Explanation

Reference

Other Miscellaneous - Beginning \$3709 Miscellaneous - Ending \$2471