

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 40.)

What is the organization's primary exempt purpose? FUNDING RESEARCH FOR PURE-BRED DOGS  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
28 <u>RESEARCH AND RESCUE PROGRAMS CONDUCTING RESEARCH OF HEREDITARY DEFECTS. RESCUE OF DEBARRED RANXOR ABUSED PURE-BRED DOGS</u> (Grants \$)	28a 17,551
29 _____ (Grants \$)	29a
30 _____ (Grants \$)	30a
31 Other program services (attach schedule) (Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 40.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans (if deferred compensation)	(E) Expense account and other allowances
<u>MARILYN SPACHT</u> <u>6632 QUINCY AVE., VICKHAM AL 35128</u>	<u>PRESIDENT</u> <u>5 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>DAVID DONALDSON</u> <u>990 HARVEST RD., CHALESTON, SC 29414</u>	<u>EXEC. DIRECTOR</u> <u>15 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>EDWARD N. PINER</u> <u>2420 MECHLING GLEN AVE., SAN ANTONIO, TX</u>	<u>TREASURER</u> <u>20 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a]		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ _____		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42 The books are in care of ▶ <u>EDWARD N. PINER</u> Telephone no. ▶ <u>(210) 728-9756</u> Located at ▶ <u>2420 MECHLING GLEN AVE., SAN ANTONIO, TX</u> ZIP + 4 ▶ <u>78212-3564</u>		
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]		<input type="checkbox"/>

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.

Please Sign Here: Edward N. Piner Signature of officer Date: 3/14/02

Type or print name and title: EDWARD N. PINER, TREASURER

Paid Preparer's Use Only: Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_



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 black lung benefit trust or private foundation)  
 \* For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
 \* The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2001**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A** For the 2001 calendar year, or tax year beginning NOVEMBER 1, 2001, and ending OCTOBER 31, 2001

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

**C** Name of organization: 280 THE AMERICAN SPAN-CLUB FOUNDATION INC.  
 Number and street (or P.O. box, if mail is not delivered in street address) Room/suite: 2420 MCCULLOUGH AVE #61 61  
 City or town, state or country, and ZIP+4: SAN ANTONIO, TX 78212

**D** Employer identification number: 5-2118796  
**E** Telephone number: (210) 739 9256  
**F** Enter 4-digit (GEC) ▶

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Web site: ▶  
**J** Organization type (check only one) —  501(c) (3) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ **1**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35.)**

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received														54,054																			
	2	Program service revenue including government fees and contracts																																	
	3	Membership dues and assessments																																	
	4	Investment income															1,218																		
	5a	Gross amount from sale of assets other than inventory																																	
	5b	Less: cost or other basis and sales expenses																																	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																																	
	6	Special events and activities (attach schedule):																																	
	6a	Gross revenue (not including \$ of contributions reported on line 1)																																	
6b	Less: direct expenses other than fundraising expenses																																		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																																		
7a	Gross sales of inventory, less returns and allowances																																		
7b	Less: cost of goods sold																																		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																		
8	Other revenue (describe ▶)																																		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																40,277																		
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)															4,950																		
	11	Benefits paid to or for members															0																		
	12	Salaries, other compensation, and employee benefits															0																		
	13	Professional fees and other payments to independent contractors															12,657																		
	14	Occupancy, rent, utilities, and maintenance															0																		
	15	Printing, publications, postage, and shipping															1,318																		
	16	Other expenses (describe ▶ <u>FUND RAISING PROMOTIONS</u> )															3,775																		
17	Total expenses (add lines 10 through 16)															22,690																			
<b>Net Assets</b>	18	Excess or (deficit) for the year (line 9 less line 17)															37,633																		
	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)															25,383																		
	20	Other changes in net assets or fund balances (attach explanation)															0																		
21	Net assets or fund balances at end of year (combine lines 18 through 20)																25,383																		

**Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.**

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,411	61,616
23 Land and buildings	0	0
24 Other assets (describe ▶ <u>EQUIPMENT</u> )	1,972	1,972
25 Total assets	25,383	63,588
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,383	63,588