

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)

OMB No 1545-1150

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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*

A For the 2005 calendar year, or tax year beginning 4/1/2005 **and ending** 3/31/2006

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 INDIAN RIVER DOG TRAINING CLUB, INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 P. O. BOX 60861
 City, town, or country State ZIP + 4
 PALM BAY FL. 329060861

D Employer identification number
59-2858366

E Telephone number
321-722-1222

F Group Exemption Number ▶

G Accounting method Cash Accrual
 Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ IRDTC.ORG

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

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

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 chooses to file a return, be sure to file a complete return. **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 ▶ \$ 72,312

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

		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
Revenue	1																									0		
	2																											
	3																									2,110		
	4																											
	5a																									0		
	5b																									0		
	5c																									0		
	6																											
	6a																									70,202		
	6b																									59,516		
6c																									10,686			
7a																												
7b																												
7c																									0			
8																									0			
9																									12,796			
10																									0			
Expenses	11																											
	12																											
	13																									255		
	14																									5,364		
	15																									1,076		
	16																									7,793		
	17																									14,488		
	18																									-1,692		
Net Assets	19																									147,604		
	20																									25,143		
	21																									171,055		

SCANNED AUG 2 & 2007

RECEIVED
 AUG 11 2007
 036
 OGDEN, UT

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ
 (See page 41 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	134,123	161,577
23	Land and buildings		
24	Other assets (describe ▶ See attached statement)	13,481	9,478
25	Total assets	147,604	171,055
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,604	171,055

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

Form **990-EZ** (2005)

(HTA)

P 5

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses
What is the organization's primary exempt purpose? TRAINING DOGS		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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		
28	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 42 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Str City ST ZIP	Title Hr/WK SEE ATTACHED			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

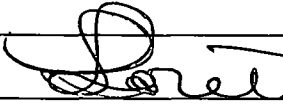
Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a 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?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
40b	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.		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
	d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

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

- 41 List the states with which a copy of this return is filed ▶ FL
- 42 a The books are in care of ▶ Name LORETTA SANDY Telephone no ▶ 321-725-5629
 Located at ▶ 699 AWIN COURT SE City PALM BAY ST FL ZIP + 4 ▶ 32909
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- | | Yes | No |
|-----|-----|----|
| 42b | | |
| 42c | | |
- If "Yes," enter the name of the foreign country: ▶ _____
- See the instructions for exceptions and filing requirements for Form TD F 90-22 1.
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country: ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 9911. Check here and enter the amount of tax-exempt interest received or accrued during the year:

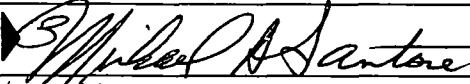
Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer by the taxpayer.

Please Sign Here

Signature of officer 

LORETTA SANDY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature 

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MICHAEL A SANTORE
483 ORLOV RD NW, PALM BA

Line 6 (990-EZ) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	AGILITY TRIALS	OBEDIENCE	TRAINING	-----	
1a Number of special events	3	1	4	-----	
2 Gross receipts	44,134	16,693	9,375	-----	2 70,202
3 Less contributions	-----	-----	-----	-----	3 0
4 Gross revenue	44,134	16,693	9,375	0	4 70,202
5 Less direct expenses	33,815	17,943	7,758	-----	5 59,516
6 Net income or (loss)	10,319	-1,250	1,617	0	6 10,686

Line 16 (990-EZ) - Other expenses

1 ADVERTISING/WEBSITE	-----	1 170
2 COMMUNITY SERVICES & DONATIONS	-----	2 0
3 BANK CHARGES	-----	3 33
4 LIABILITY INSURANCE	-----	4 1,993
5 LICENSES & FEES	-----	5 184
6 DEPRECIATION EXPENSE	-----	6 4,003
7 MISCELLANEOUS & PET GOODWILL & MEETING EXPENSES	-----	7 784
8 OFFICE SUPPLIES	-----	8 0
9 TELEPHONE	-----	9 626
10 Total other expenses	-----	10 7,793

Line 24 (990-EZ) - Other assets

		13,481	9,478
		Beginning	End
1	ASSETS NET OF DEPREC - @03/31/04	3,982	3,982
2	FY 2004 ASSET ADDITIONS	12,916	12,916
3	2004 DEPRECIATION	-3,417	-3,417
4	2005 DEPRECIATION	0	-4,003
5			
6			
7			
8			
9			
10			

Depreciation and Amortization

(Rev. January 2006)

(Including Information on Listed Property)

2005

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return INDIAN RIVER DOG TRAINING CLUB, INC.	Business or activity to which this form relates 990EZ	Identifying number 59-2858366
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2 Total cost of section 179 property placed in service (see instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	420,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	105,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost		
6				
7 Listed property. Enter the amount from line 29			7	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			8	0
9 Tentative deduction Enter the smaller of line 5 or line 8			9	0
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562			10	0
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)			11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11			12	0
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12			13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	0
15 Property subject to section 168(f)(1) election	15	0
16 Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	4,003
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20 a Class life						
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	0
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	4,003
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Indian River Dog Training Club 59-2858366
Form 990-EZ, Tax Year March 31, 2006

Part IV List of Officers and Directors

	Title & average hours per week devoted to position	(C) Compensation	Employee Benefit Plans	(E) Expenses Acc't & Allowances
Chris Matzok 6925 Cotton Wood Dr. Grant, FL 32949	President, 5 hrs	0	None	None
Brenda Rondinone 79112 Maplewood Dr., #112 W. Melbourne, FL 32904	Vice president, 4 hrs	0	None	None
Jane Derr 911 Pine Creek Cir NE Palm Bay, FL 32905	Secretary, 8 hrs	0	None	None
Loretta Sandy 699 Awin Court SE Palm Bay, FL 32909	Treasurer, 5 hrs	0	None	None
Elena McKnight 1981 Mattison Dr., NE Palm Bay, FL 32905	Director, 2 hrs	0	None	None
Jill Roberts 41760 Bahama Ave. Melbourne, FL 32901	Director, 2 hrs	0	None	None
Frank Catalano 334 Woody Circle Melbourne Beach, FL 32951	Director, 2 hrs	0	None	None
Barbara Catalano 334 Woody Circle Melbourne Beach, FL 32951	Director, 2 hrs	0	None	None