

**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)

**2006**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2006 calendar year, or tax year beginning 4/1/2006 and ending 3/31/2007

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>INDIAN RIVER DOG TRAINING CLUB, INC</b>		<b>D</b> Employer identification number 59-2858366
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
		P. O. BOX 60861		321-722-1222
		City, town, or country State ZIP + 4	<b>F</b> Group Exemption Number ▶	
PALM BAY FL 329060861				

• 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** Website: ▶ IRDTC ORG

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

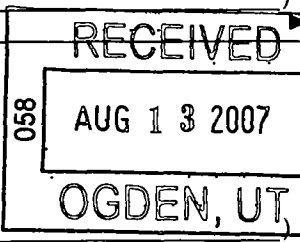
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ▶ \$ 85,265

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 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	Contributions, gifts, grants, and similar amounts received																								0		
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																								2,640		
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																								0		
	5b	Less: cost or other basis and sales expenses																								0		
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																								0		
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)																								82,625		
6b	Less direct expenses other than fundraising expenses																								64,714			
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																								17,911			
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)																								0			
8	Other revenue (describe ▶ )																								0			
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																								20,551			
Expenses	10	Grants and similar amounts paid (attach schedule)																								0		
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																								5,279		
	15	Printing, publications, postage, and shipping																								211		
	16	Other expenses (describe ▶ See attached statement)																								4,743		
17	<b>Total expenses</b> (add lines 10 through 16)																								10,233			
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																								10,318		
	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)																								171,055		
	20	Other changes in net assets or fund balances (attach explanation)																								-241		
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)																								181,132		



**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 51 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	161,577	168,464
23	Land and buildings		
24	Other assets (describe ▶ See attached statement )	9,478	12,668
25	<b>Total assets</b>	171,055	181,132
26	<b>Total liabilities</b> (describe ▶ )	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	171,055	181,132

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94

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>TRAINING DOGS</b>	(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"/>	<b>28a</b>
29 ----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
30 ----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
31 Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> <span style="float:right;">0</span>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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 <b>SEE ATTACHED</b>			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V)	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	<b>33</b>	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	<b>34</b>	X
35 <i>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</i>		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	<b>36</b>	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b>	<b>37b</b>	X
b Did the organization file <b>Form 1120-POL</b> for this year?		
38 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?	<b>38a</b>	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	<b>38b</b>	
39 <i>501(c)(7) organizations</i> Enter		
a Initiation fees and capital contributions included on line 9.	<b>39a</b>	
b Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	

**Part V Other Information** (Note the statement requirement in General Instruction V) (Continued)

- 40 a 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
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
- d 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?

	Yes	No
40b		
40e		

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

- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?  
If "Yes," enter the name of the foreign country:
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country?  
If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year

**Please Sign Here**

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 information of which preparer has knowledge.

Signature of officer

LORETTA SANDY Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date 8/8/2007 Check if self-employed  Preparer's EIN (See Gen. Inst. X) 062-36-7371

Firm's name (or yours if self-employed), address, and ZIP + 4 MICHAEL A SANTORE EIN  Phone no 321-953-2965

**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	3	5		
2 Gross receipts	51,618	18,006	13,001		2 82,625
3 Less contributions					3 0
4 Gross revenue	51,618	18,006	13,001	0	4 82,625
5 Less direct expenses	37,858	17,227	9,629		5 64,714
6 Net income or (loss)	13,760	779	3,372	0	6 17,911

**Line 16 (990-EZ) - Other expenses**

1 ADVERTISING/WEBSITE	1 432
2 TELEPHONE	2 648
3 BANK CHARGES	3 31
4 LIABILITY INSURANCE	4 1,609
5 LICENSES & FEES	5 61
6 DEPRECIATION EXPENSE	6
7 MISCELLANEOUS & PET GOODWILL & MEETING EXPENSES	7 1,571
8 OFFICE SUPPLIES	8 391
9 Total other expenses	9 4,743

**Line 24 (990-EZ) - Other assets**

		9,478	12,668
		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	-4,003	-4,003
5	2006 ADDITIONS		668
6	2006 DEPRECIATION		2,522
7			
8			
9			
10			

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No 67

Name(s) shown on return <b>INDIAN RIVER DOG TRAINING CLUB, INC.</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>59-2858366</b>
------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------

**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	108,000
2 Total cost of section 179 property placed in service (see instructions).	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
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	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29		7
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 2005 Form 4562		10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
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 2007. 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 qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**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 2006	17	2,388
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 2006 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			27 5 yrs	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
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	134
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	2,522
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	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement )

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles )

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for dep- reciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use									
NEW COMPUTER	5/15/2006	100 00%	669	669	5	200DB - HY	134		
<b>27</b> Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	134	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>	0

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) <i>Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles</i>		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2006 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>
					0

**Assets by Classification - 990EZ**

3/31/2007

INDIAN RIVER DOG TRAINING CLUB, INC

59-2858366

Item No	Description of Property ***** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2006 Deprec	2006 Accum Deprec
<b>5-yr Computers (listed)</b>														
	NEW COMPUTER	5/15/2006	F-4	100 00%	669	0	0	669	5	200DB	HY	0	134	134
Total 5-yr Computers and peripherals (listed property)					<u>669</u>	<u>0</u>	<u>0</u>	<u>669</u>				<u>0</u>	<u>134</u>	<u>134</u>
<b>5-yr Office mach (data handling)</b>														
	TRAILER, MATS ,COI	1/1/2001	F-6	100 00%	11,462	0	0	11,462	5	200DB	HY	10,344	0	10,344
Total 5-yr Office machinery (data-handling equipment)					<u>11,462</u>	<u>0</u>	<u>0</u>	<u>11,462</u>				<u>10,344</u>	<u>0</u>	<u>10,344</u>
<b>7-yr Genl purp tools, mach, equip</b>														
	2 OVER ROVERS	10/5/2004	F-10	100 00%	7,000	0	0	7,000	7	200DB	HY	2,714	1,224	3,938
	16' TRAILER	11/4/2004	F-10	100 00%	5,248	0	0	5,248	7	200DB	HY	2,035	918	2,953
Total 7-yr General purpose tools, machinery, and equip					<u>12,248</u>	<u>0</u>	<u>0</u>	<u>12,248</u>				<u>4,749</u>	<u>2,142</u>	<u>6,891</u>
<b>7-yr Office furn, fixtures, equip</b>														
	NEW IKON COPIER	5/1/2003	F-11	100 00%	1,031	0	0	1,031	7	200DB	HY	579	129	708
	RINGS /FENCES	12/13/2004	F-11	100 00%	668	0	0	668	7	200DB	HY	259	117	376
Total 7-yr Office furniture, fixtures and equipment					<u>1,699</u>	<u>0</u>	<u>0</u>	<u>1,699</u>				<u>838</u>	<u>246</u>	<u>1,084</u>
SubTotals					26,078	0	0	26,078				15,931	2,522	18,453
Less Assets Sold					( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
Ending Totals					<u>26,078</u>	<u>0</u>	<u>0</u>	<u>26,078</u>				<u>15,931</u>	<u>2,522</u>	<u>18,453</u>



**Indian River Dog Training Club 59-2858366**  
**Form 990-EZ, Tax Year March 31, 2007**

**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