

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)

▶ 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.

OMB No 1545-1150

2007

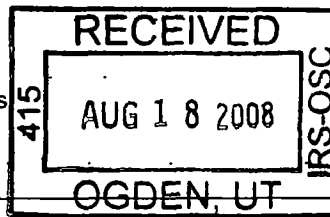
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning		4/1/2007	and ending	3/31/2008
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		INDIAN RIVER DOG TRAINING CLUB, INC		59-2858366
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		P.O. BOX 60861		321-725-5629
City, town, or country State ZIP + 4		F 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
I Website: ▶ IRDTC.ORG				H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no. <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check <input type="checkbox"/> 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 ▶ \$				98,851

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,724
	4 Investment income	4	32
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c	0
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	94,095
b Less direct expenses other than fundraising expenses	6b	86,907	
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	7,188	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	0	
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	11,944	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	600
	14 Occupancy, rent, utilities, and maintenance	14	5,385
	15 Printing, publications, postage, and shipping	15	570
	16 Other expenses (describe ▶ See attached statement)	16	8,792
17 Total expenses. Add lines 10 through 16	17	15,347	
18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	-3,403	
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	181,132
	20 Other changes in net assets or fund balances (attach explanation)	20	-3,616
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	174,113



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 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	168,464	22 170,929
23 Land and buildings		23
24 Other assets (describe ▶ See attached statement)	12,668	24 3,184
25 Total assets	181,132	25 174,113
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	181,132	27 174,113

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

Form **990-EZ** (2007)

SCANNED SEP 02 2008

B 2

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TRAINING & TESTING 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		
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 \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
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 61 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 SEE ATTACHED Str City ST ZIP	Title Hr/WK 00	0		
Name Str City ST ZIP	Title Hr/WK .00	0		
Name Str City ST ZIP	Title Hr/WK 00	0		
Name Str City ST ZIP	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirement in General Instruction V)			Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33			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	34			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				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a			X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36			X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a	37a			
b Did the organization file Form 1120-POL for this year?	37b			X
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?	38a			X
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			

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		X
40e		X

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

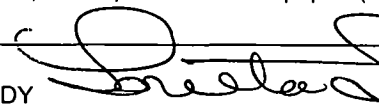
Located at 699 AWIN COURT SE City PALM

- 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 have 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


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 he or she has any knowledge.

Signature of officer 

LORETTA SANDY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 8/15/2008 Check if self-employed Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4 MICHAEL A SANTORE EIN
483 ORLOV RD NW, PALM BAY, FL 32907 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 TRIALS	TRAINING		
1a Number of special events	3	3	5		
2 Gross receipts	68,138	16,683	9,274	2	94,095
3 Less contributions				3	0
4 Gross revenue	68,138	16,683	9,274	0	94,095
5 Less direct expenses	52,565	21,639	12,703	5	86,907
6 Net income or (loss)	15,573	-4,956	-3,429	0	7,188

Line 24 (990-EZ) - Other assets

		12,668	3,184
		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	668
6	2006 DEPRECIATION	2,522	-2,522
7	2007 DEPRECIATION		-1,918
8	2006 DEPRECIATION CORRECTION		-2,522
9			
10			

Line 16 (990-EZ) - Other Expenses

8,792

1	Travel, Meals and Entertainment	
	a Travel	1a _____
	b Total meals and entertainment	1b _____
2	Fundraising	2 _____
3	From Form 4562 - Amortization	3 _____
4	Conferences, conventions, and meetings	4 _____
5	Depreciation, depletion, etc	5 _____ 1,918
6	Equipment rental and maintenance	6 _____
7	Interest	7 _____
8	Supplies	8 _____ 943
9	Telephone	9 _____ 884
10	Unrelated business income taxes	10 _____
11	Licenses & fees	11 _____ 414
12	Office supplies	12 _____ 329
13	Liability insurance	13 _____ 1,609
14	Bank charges	14 _____ 33
15	Dues & subscriptions	15 _____ 66
16	Miscellaneous ,pet goodwill & meeting costs	16 _____ 1,500
17	Local charities contributions	17 _____ 900
18	Web fee	18 _____ 19
19	Advertising	19 _____ 177
20		20 _____
21		21 _____
22		22 _____
23		23 _____
24		24 _____
25		25 _____
26		26 _____

Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

1	NON DEDUCTIBLE IRS LATE FILING PENALTIES	1 _____ -3,616
2		2 _____
3		3 _____
4		4 _____
5		5 _____
6		6 _____
7		7 _____
8		8 _____
9		9 _____
10	Total	10 _____ -3,616

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ 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
---	---	---

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	125,000						
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	500,000						
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	125,000						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 20%;">(c) Elected cost</th> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6		
(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 2006 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 2008 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 depreciation allowance for qualified 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 2007	17	1,704
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 2007 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 2007 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	214
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	1,918
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	

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)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b 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	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
NEW COMPUTER	5/15/2006	100 00%	669	669	5	200DB - HY	214		
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	214	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29	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) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

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
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44
					0

Assets by Classification - 990EZ

3/31/2008

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	2007 Deprec	2007 Accum Deprec
<u>5-yr Computers (listed)</u>														
	NEW COMPUTER	5/15/2006	F-4	100 00%	669	0	0	669	5	200DB	HY	134	214	348
Total 5-yr Computers and peripherals (listed property)					669	0	0	669				134	214	348
<u>5-yr Office mach (data handling)</u>														
	TRAILER, MATS ,COF	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)					11,462	0	0	11,462				10,344	0	10,344
<u>7-yr Genl purp tools, mach, equip</u>														
	2 OVER ROVERS	10/5/2004	F-10	100 00%	7,000	0	0	7,000	7	200DB	HY	3,938	874	4,812
	16' TRAILER	11/4/2004	F-10	100 00%	5,248	0	0	5,248	7	200DB	HY	2,953	655	3,608
Total 7-yr General purpose tools, machinery, and equip					12,248	0	0	12,248				6,891	1,529	8,420
<u>7-yr Office furn, fixtures, equip</u>														
	NEW IKON COPIER	5/1/2003	F-11	100 00%	1,031	0	0	1,031	7	200DB	HY	708	92	800
	RINGS /FENCES	12/13/2004	F-11	100 00%	668	0	0	668	7	200DB	HY	376	83	459
Total 7-yr Office furniture, fixtures and equipment					1,699	0	0	1,699				1,084	175	1,259
SubTotals					26,078	0	0	26,078				18,453	1,918	20,371
Less Assets Sold					(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals					26,078	0	0	26,078				18,453	1,918	20,371

Indian River Dog Training Club

2007 Club Officer Listing

**EIN #59-2858366 NONE OF THE OFFICERS/DIRECTORS BELOW
RECEIVE ANY COMPENSATION OR DERIVE ANY OTHER BENEFITS FROM
THIS ORGANIZATION.**

Chris Matzok, President 6925 Cotton Wood Dr. Grant, FL 32949 cm3k9posse@aol.com
Brenda Rondinone, Vice President 79112 Maplewood Dr., #112 W. Melbourne, FL 32904
Jane Derr, Secretary 911 Pine Creek Cir NE Palm Bay, FL 32905
Loretta Sandy, Treasurer 699 Awin Court SE Palm Bay, FL 32909 Lsandy_1@yahoo.com
Elena McKnight, Board of Directors 1981 Mattison Dr., NE Palm Bay, FL 32905 elena_mcknight@mindspring.com
Jill Roberts, Board of Directors superbasset@netzero.net Vero Beach, FL
Frank Catalano, Board of Directors 334 Woody Circle Melbourne Beach, FL 32951 babsnfrank@bellsouth.net