

## Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2008 calendar year, or tax year beginning <u>4/1/2008</u> , and ending <u>3/31/2009</u>	
<b>B</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	<b>Please use IRS label or print or type. See Specific Instructions.</b>
<b>C</b> Name of organization <b>INDIAN RIVER DOG TRAINING CLUB, INC</b>	
<b>D</b> Employer identification number <b>59-2858366</b>	
<b>E</b> Telephone number <b>321-725-5629</b>	
<b>F</b> Group Exemption Number <b>▶</b>	
<b>P</b> O BOX 60861 City, town, or country: <b>PALM BAY</b> State: <b>FL</b> ZIP + 4: <b>329060861</b>	

• **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) **▶**

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

**I** Website: **▶ IRDTC ORG**

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

**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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 113,721**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	786
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	2,858
	<b>4</b> Investment income	<b>4</b>	
Revenue	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>30</u> of contributions reported on line 1)	<b>6a</b>	110,077
	<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	90,900
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	19,177
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe <b>▶</b> )	<b>8</b>	
	<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	22,821
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	375
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	1,150
	<b>16</b> Other expenses (describe <b>▶</b> See attached statement)	<b>16</b>	8,407
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	9,932
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	12,889
	<b>19</b> 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)	<b>19</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)			
<b>21</b> Net assets or fund balances at end of year. Combine line 19 and 20			

**Part II Balance Sheets.** If Total assets on line 25, column (B)                      (See the instructions for Part II)

**22** Cash, savings, and investments

**23** Land and buildings

**24** Other assets (describe **▶** See attached statement)

**25** Total assets

**26** Total liabilities (describe **▶**                     )

**27** Net assets or fund balances (line 27 of column (B) must agree with line 21)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b>
What is the organization's primary exempt purpose? <b>TRAINING &amp; TESTING 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.		
<b>28</b>	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here . <input type="checkbox"/>	<b>28a</b>
<b>29</b>	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here . <input type="checkbox"/>	<b>29a</b>
<b>30</b>	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here . <input type="checkbox"/>	<b>30a</b>
<b>31</b>	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>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated (See the instructions for Part IV )				(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
(a) Name and address							
Name	SEE ATTACHED	Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
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Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			
Name		Str		Title			
City		ST	ZIP	Hr/WK			

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		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, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
39	Section 501(c)(7) organizations 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>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 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," complete Schedule L, Part I		X
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? If "Yes," complete Form 8886-T		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 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
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 ▶ _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43   N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Total number of other independent contractors each receiving over \$100,000 ▶		

**Sign Here** 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.

Signature of officer: *Loretta Sandy* Date: 9-8-09  
 Type or print name and title: LORETTA SANDY, TREASURER

**Paid Preparer's Use Only** Preparer's signature: *Michael A Santore* Date: 9/8/2009 Check if self-employed:  Preparer's Identifying Number (See instructions): 062-36-7371  
 Firm's name (or yours if self-employed), address, and ZIP +4: MICHAEL A SANTORE, 483 ORLOV RD NW, PALM BAY, FL 32907 EIN: Phone no: 321-953-2965

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		AGILITY TRIALS (event type)	OBEDIENCE TRIALS (event type)	2 (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	78,195	20,138	11,774	110,107
	2	Less Charitable contributions		30		30
	3	Gross revenue (line 1 minus line 2)	78,195	20,108	11,774	110,077
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	1,645	411		2,056
	6	Rent/facility costs	2,035	890	1,611	4,536
	7	Other direct expenses	56,550	19,523	8,235	84,308
	8	Direct expense summary Add lines 4 through 7 in column (d)				
9	Net income summary Combine lines 3 and 8 in column (d)					19,177

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
	a The organization's facility b An outside facility	13a	13b
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ .....		
	Address ▶ .....		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
c	If "Yes," enter name and address		
	Name ▶ .....		
	Address ▶ .....		
16	Gaming manager information		
	Name ▶ .....		
	Gaming manager compensation ▶ \$ .....		
	Description of services provided ▶ .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....		

**INDIAN RIVER DOG TRAINING CLUB**  
**2008 / 2009 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](mailto:Cm3k9posse@aol.com)

Jackie Hardin, Board of Director  
1705 Hardin Lane, NE  
Palm Bay, FL 32905  
[grjackie@aol.com](mailto:grjackie@aol.com)

Jane Derr, Vice President  
911 Pine Creek Cir NE  
Palm Bay, FL 32905  
[derryorkies@cfl.rr.com](mailto:derryorkies@cfl.rr.com)

Dottie Bradt  
775 Yukon St., NE  
Palm Bay, FL 32907  
[Dbradt2@cfl.rr.com](mailto:Dbradt2@cfl.rr.com)

Barbara Catalano, Secretary  
334 Wood Circle  
Melbourne Beach, FL  
[babsnfrank@bellsouth.net](mailto:babsnfrank@bellsouth.net)

Loretta Sandy, Treasurer  
699 Awin Court SE  
Palm Bay, FL 32909  
[Lsandy\\_1@yahoo.com](mailto:Lsandy_1@yahoo.com)

Frank Catalano, Board of Director  
334 Wood Circle  
Melbourne Beach, FL  
[babsnfrank@bellsouth.net](mailto:babsnfrank@bellsouth.net)

Art Fettrow, Board of Director  
1618 Givens Ct NW  
Palm Bay, FL 32907

Donna Clark, Board of Director  
2120 Redwood Cir, NE  
Palm Bay, FL 32905  
[pattches@cfl.rr.com](mailto:pattches@cfl.rr.com)

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions	1	756
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	30
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	786



**Part I, Line 16 (990-EZ) - Other Expenses**

8,407

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	1,736
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	867
10	Unrelated business income taxes	10	
11	Licenses & fees	11	61
12	Office supplies	12	465
13	Liability insurance	13	1,563
14	Bank charges	14	106
15	Dues & subscriptions	15	978
16	Miscellaneous ,pet goodwill & meeting costs	16	360
17	Local charities contributions	17	1,531
18	Computer supplies	18	496
19	Specialized software	19	244
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

-71,520

Description		Amount
1	MARKET VALUE DECREASE	1 -71,520
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

**Part II, Line 24 (990-EZ) - Other Assets**

3,184

2,148

Description		Beginning	End
<b>1</b>	ASSETS NET OF DEPREC - @03/31/04	3,982	3,982
<b>2</b>	FY 2004 ASSET ADDITIONS	12,916	12,916
<b>3</b>	2004 DEPRECIATION	-3,417	-3,417
<b>4</b>	2005 DEPRECIATION	-4,003	-4,003
<b>5</b>	2006 ADDITIONS	668	668
<b>6</b>	2006 DEPRECIATION	-2,522	-2,522
<b>7</b>	2007 DEPRECIATION	-1,918	-1,918
<b>8</b>	2006 DEPRECIATION CORRECTION	-2,522	-2,522
<b>9</b>	2008 ADDITIONS		700
<b>10</b>	2008 DEPRECIATION		-1,736
<b>11</b>			

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ 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>
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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	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	700
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	250,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>6</b>		

7 Listed property. Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	<b>13</b>	

*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)	<b>14</b>	350
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

**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 2008	<b>17</b>	1,246
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 2008 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		350	7	MQ	200DB	12
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	

**Section C - Assets Placed in Service During 2008 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	<b>21</b>	128
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	<b>22</b>	1,736
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

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)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows for 25, 26, 27, 28, and 29.

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.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Includes rows 30-36 with sub-columns for Yes/No answers.

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)

Table for Section C with columns Yes/No. Includes rows 37-41 and a note at the bottom.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42, 43, and 44.

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization <b>INDIAN RIVER DOG TRAINING CLUB, INC</b>	Employer identification number <b>59-2858366</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P O. BOX 60861</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>PALM BAY FL 329060861</b>	

**Check type of return to be filed** (file a separate application for each return).

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attached worksheet

Telephone No ▶ 321-725-5629 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/2009, to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 4/1/2008, and ending 3/31/2009

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions