

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning April 1, 2013, and ending March 21, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Indian River Dog Training Club, Inc.		D Employer identification number 59-2858366
	Number and street (or P.O. box, if mail is not delivered to street address) 1465 Clearmont Street, NE		Room/suite Suite B
	City or town, state or province, country, and ZIP or foreign postal code Palm Bay, FL 32905		E Telephone number 321-722-1222
			F Group Exemption Number ▶

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: ▶ www.irtdtc.org

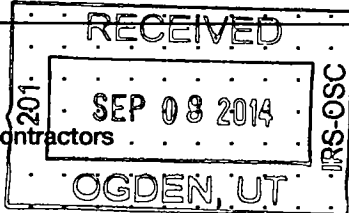
J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

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	1837.50
	4 Investment income	4	
	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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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		
8 Other revenue (describe in Schedule O)	8	122240.28	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	124077.78	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	780
	13 Professional fees and other payments to independent contractors	13	19801.09
	14 Occupancy, rent, utilities, and maintenance	14	20576.02
	15 Printing, publications, postage, and shipping	15	137.93
	16 Other expenses (describe in Schedule O)	16	80154.70
	17 Total expenses. Add lines 10 through 16 ▶	17	121449.74
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2688.27
	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	231608.00
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	65956.59
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	



SCANNED SEP 25 2014

25

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	209766	22 320729
23 Land and buildings		23
24 Other assets (describe in Schedule O)	21842	24 14933
25 Total assets	231608	25 335662
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	231608	27 335662

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Dog Training - Sportsmanship

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Please see Schedule O. Our three Agility Trials are our biggest events. All events are open to anyone with an AKC registered dog, both purebred and Heinz 57's. Events are free to the general public to watch and enjoy. (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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Paula Viebl President	10			
Jackie Hardin Vice President	2			
Dennis Rugg Treasurer	20			
Michelle Green Secretary	4			
Pam Baxter Director	1			
Valerie Bourgeois Director	1			
Barbara Davis Director	1			
Art Fettrow Director	1			
Sylvia Godbehere Director	1			
Elena McKnight Training Director	6			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ Florida		
42a	The organization's books are in care of ▶ Ann Williams Telephone no. ▶ 321-724-2487 Located at ▶ 701 Espanola Way, Melbourne, FL ZIP + 4 ▶ 32901-4101		
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.	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

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

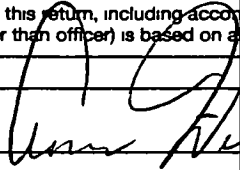
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each received

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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 an examination of the return of the preparer on the date the preparer has signed the return.

Sign Here

Signature of officer 

Ann Williams - Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____

Firm's name ▶ _____

Firm's address ▶ _____

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

Indian River Dog Training Club, Inc Schedule O

Line #	Amount	For:
8	\$ 82,820.00	Agilty Trials(3)
8	\$ 22,276.54	Obedience Trials (2)
8	\$ 16,227.21	Training Classes
8	\$ 305.00	Training equipment(leashes/collars)
8	\$ 31.53	Drink donations(water/soda)
8	\$ 580.00	Seminars
8	\$ 122,240.28	

	Amount		\$ 122,240.28
3	\$ 1,837.50	Dues	\$ 1,837.50
9	\$ 124,077.78	Total Revenue	\$ 124,077.78

12	\$ 780.00	Instructors
13	\$ 19,801.09	American Kennel Club Fees to put on Dog Shows
14	\$ 20,576.02	Rent
15	\$ 137.93	Postage
	\$ 41,295.04	

Schedule O

Schedule O	Expenses		
16	\$ 479.21	Advertising	
16	\$ 47,472.21	Agility Trials(3)	
16	\$ 19,708.15	Obedience Trials(2)	
16	\$ 906.63	Awards	
16	\$ 68.00	Bank Charges	
16	\$ 850.00	Charity	
16	\$ 1,214.25	Dog Obedience Competition of FL	
16	\$ 1,586.06	Dog Agility Competition of FL	
16	\$ 2,358.79	Equipment	
16	\$ 795.13	Holiday Meeting Party	
16	\$ 1,595.42	Insurance	
16	\$ 195.45	License & Permits	
16	\$ 690.63	Office Supply	
16	\$ 870.00	Seminar	
16	\$ 117.35	Sunshine -cards/flowers	
16	\$ 194.50	Taxes	
16	\$ 90.00	Refund - training class	
16	\$ 801.28	Training Equipment(leashes/collars?)	
16	\$ 161.64	Web Hosting	
	\$ 80,154.70		
17	\$ 121,449.74	Expense Total	
			\$ 145,246.16
			\$ 121,449.74 exp total

Primerica
4/1/14 \$ 257,364.72
3/31/13 \$ 191,408.13

18	\$ 2,688.27	Profit for year from Profit/Loss Statement - Quicken	\$ 65,956.59
19	\$ 231,608.00	Last years assets	
22	\$ 65,956.59	Primerica Fund growth.	\$ 65,956.59
22	\$ 20,476.39	Checking account from Balance Sheet - Quicken	\$ 20,476.39
	\$ 320,729.25		\$ 86,432.98

24 \$ 14,933.00 Equipment - Training and trial equiment-examples: PA system, mats, chairs, gates, jumps. 2 trailers to store and haul equipment.
 Last year \$21842
 This year \$14933 using straight line depreciation-3 years
 It does not appear these items have been depreciated in the past. So we are playing a four year catch-up on depreciation.

22 \$ 320,729.00

24 \$ 14,933.00

25 **\$ 335,662.00**

27 **\$ 335,662.00**

- 31
- * We have numerous members who regularly take their registered therapy dogs to hospitals, nursing homes, libraries and children/dog education camps.
 - * Rescue dogs are given a discout to our training classes to encourage people to adopt from local shelters and train well behaved pets.
 - * IRDTC holds Obedience, Rally, Toy Agility, Conformation, Puppy, and CGC classes year around open to the public.
 - * Have many members who travel to place pets in homes
 - * Several members are foster parents for displaced dogs.
 - * We hold 3 agility competitions per year to test skills of dog/handler teams. All events are open to the public to watch and enjoy free of charge.
 - * We hold 2 obedience trials per year to test skills of dog/handler teams. All events are open to the public to watch and enjoy free of charge.