

2005

Open to Public Inspection

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990-EZ

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning April 1, 2005, and ending March 31, 2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" 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.	C Name of organization Palm Bay Agility Club		D Employer identification number 59:3629369	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite c/o John Courtney 1920 Michels Dr NE		E Telephone number (321) 724-1904	
		City or town, state or country, and ZIP + 4 Palm Bay, FL 32905-3904		F Group Exemption Number	

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) _____

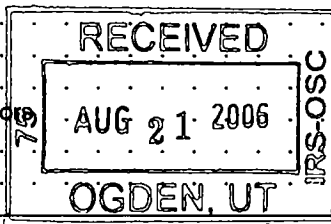
I Website: ABAC.ORG
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
 J Organization type (check only one) 501(c) (7) (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ _____

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

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



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

(See page 41 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,167.00	20,032.38
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	14,167.00	20,032.38
26	Total liabilities (describe _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,167.00	20,032.38

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? Dog Agility Training & Competition
 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.

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

28	<u>Agility Introductory class to the Community</u> <u>25 people benefited</u>	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	<u>Free admission to agility competitions</u> <u>200 people benefited</u>	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<u>Canine Festival - agility demo with other local clubs</u> <u>500 people</u>	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Ann Williams</u> <u>701 Espanda Way, Melbourne FL 32901</u>	<u>President</u> <u>2</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>
<u>John Courtney</u> <u>1920 Michels Dr NE Palm Bay FL 32905</u>	<u>Vice Pres</u> <u>2</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>
<u>LEE-Ann Fain-Schultz</u> <u>409 Hibiscus Trail Melb. Beach FL 32951</u>	<u>Secretary</u> <u>2</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>
<u>Jenny Courtney</u> <u>1920 Michels Dr NE Palm Bay FL 32905</u>	<u>Treasurer</u> <u>2</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 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," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	<u>- 0 -</u>
b Gross receipts, included on line 9, for public use of club facilities	39b	<u>- 0 -</u>
40a 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.	40b	
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		

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

- 41** List the states, with which a copy of this return is filed. ▶ _____
- 42a** The books are in care of ▶ Jinny Courtney Telephone no. ▶ (321) 724-1904
 Located at ▶ 1920 Michells Dr NE Palm Bay FL ZIP + 4 ▶ 32905-3904
- 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.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶ _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶

	Yes	No
42b		X
42c		X

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer

Please Sign Here

▶ Jinny Courtney
 Signature of officer

▶ Jinny Courtney Treas
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

Palm Bay Agility Club
2005 Form 990-EZ
59-3629369

Part I, Revenue

	Line 6a Revenue	Line 6b Expense	
Agility Income 05	9197.00	9369.32	
Agility Income 06	22412.00	3059.32	
Electronic Timing Rentals	200.00		
Seminar	300.00	200.00	
Sanctioned A Match	350.00	15.00	
Totals	32459.00	12643.64	19815.36

Part 1 Expenses, Line 16

Bank Charge	15.62
Charity	1060.65
DACOF	1116.00
Education	1765.94
Entertainment	104.40
Insurance	1654.60
Sunshine	125.00
Taxes	2347.62
Electronic Timers	5532.00
Web Hosting	250.00
Totals	13971.83