

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2006

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, 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.

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning April 1, 2006, and ending March 31, 2007

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: Palm Bay Agility Club
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: John Courtney 1920 Michels Dr NE
 City or town, state or country, and ZIP + 4: Palm Bay, FL 32905

D Employer identification number: 59:3629369

E Telephone number: (321) 724-1904

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: ▶ PBAC.ORG

J Organization type (check only one) — 501(c)(7) ◀ (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 \$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 47 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		3 360
	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 (line 5a less line 5b) (attach schedule).	5c	
	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 56097	
	b Less: direct expenses other than fundraising expenses	6b 31842	
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	24255	
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 (line 7a less line 7b)	7c		
8 Other revenue (describe ▶)		8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 24615	
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
	14 Occupancy, rent, utilities, and maintenance		14
	15 Printing, publications, postage, and shipping		15
	16 Other expenses (describe ▶ <u>see attached</u>)		16 9506
	17 Total expenses (add lines 10 through 16)		17 9506
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)		18 15109
	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 20032
	20 Other changes in net assets or fund balances (attach explanation)		20
	21 Net assets or fund balances at end of year (combine lines 18 through 20)		21 35141

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.)

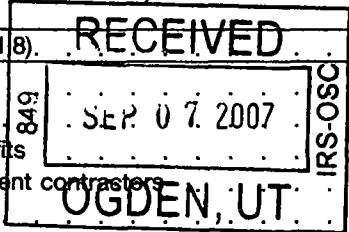
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		20032	22 35141
23 Land and buildings		—	23 —
24 Other assets (describe ▶)		—	24 —
25 Total assets		20032	25 35141
26 Total liabilities (describe ▶)		—	26 —
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		20032	27 35141

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

Cat. No. 106421

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SCANNED SEP 25 2007



P 9

Part III Statement of Program Service Accomplishments (See page 51 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? <u>Dog agility training & competition</u>		
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	<u>Three (3) agility seminars for the community</u> <u>75 people</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	<u>Free admission to agility competitions</u> <u>250 people</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<u>Course Festival participation with other local clubs</u> <u>750 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 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
<u>Greg Spallie</u> <u>4036 Snowy Egret Dr Melbourne FL 32904</u>	<u>President</u> <u>2 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>John Cox Tracy</u> <u>1920 Michels Dr NE Palm Bay FL 32909</u>	<u>Vice President</u> <u>2 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Lee Ann Farris Schulte</u> <u>409 Hibiscus Trail Melbourne Beach FL 32951</u>	<u>Secretary</u> <u>2 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Barbara K. King</u> <u>290 Fainsworth Ave. Malabar FL 32950</u>	<u>Treasurer</u> <u>2 HOURS</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

Part V Other Information (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	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		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>-0-</u>	37a		
	b Did the organization file Form 1120-POL for this year?	37b		
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?	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	<u>-0-</u>	
	b Gross receipts, included on line 9, for public use of club facilities	39b	<u>-0-</u>	

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

- 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 . . .
- 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		
40c		
40d		
40e		

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ Barbara Kungles Telephone no. ▶ (321) 724-4566
 Located at ▶ 1290 Fairwood Ave Malabar FL ZIP + 4 ▶ 32950-4216

- 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: ▶ _____
 See the instructions for exceptions and filing requirements for
- c** At any time during the calendar year, did the organization mai
 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 accru

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, and believe, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Signature of officer: [Signature]

Type or print name and title: Courtney III

Paid Preparer's Use Only

Preparer's signature: _____

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

employed

EIN: _____

Phone no: () _____



Palm Bay Agility Club, Inc.
2006 Form 990-EZ
59-3629369

Part 1, Expenses, Line 16

Charity	752.
DACOF	903.
Entertainment	81.
Insurance	1385.
Licenses and Permits	122.
Seminars	2385.
Sunshine	41.
Timing Equipment	3587.
Web Hosting	250.
Total	\$9506.