

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2007 calendar year, or tax year beginning April 1, 2007, and ending March 31, 20 08

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 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) 724-4566
		City or town, state or country, and ZIP + 4 Palm Bay, FL 32905		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: ▶ www.pbac.org
J Organization type (check only one)— 501(c) () ◀ (insert no.) 4947(a)(1) or 527

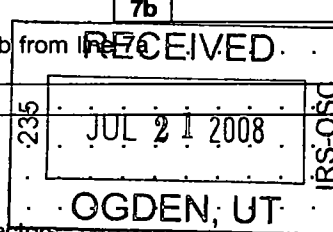
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 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	525
	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	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (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	63164
b	Less: direct expenses other than fundraising expenses	6b	43206	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	19958	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	20483	
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 ▶ (see attached))	16	9317
17	Total expenses. Add lines 10 through 16	17	9317	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	11166
	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	35141
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	46307



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	35141	22 46307
23 Land and buildings	0	23 0
24 Other assets (describe ▶)	0	24 0
25 Total assets	35141	25 46307
26 Total liabilities (describe ▶)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35141	27 46307

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

Cat. No 106421

Form **990-EZ** (2007)

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218

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? <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 Three Agility Seminars for the community <u>60 people</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Free Admission to agility competitions <u>275 people</u> <u>Canine Good Citizen Testing 25 people</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Canine Festival-participation with other local clubs <u>850 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 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
Greg Segallis 4036 Snowy Egret Dr , Melbourne, FL 32904	President - 2 hours	0	0	0
Tom Novak 305 School Road, Indian harbor Beach, Fl 32937	Vice Pres - 2 hours	0	0	0
Ann Williams 701 Espanola Way, Melbourne, FL 32901	Secretary - 2 hours	0	0	0
Barbara Klingler 1290 Farnsworth Ave., Valkaria, FL 32950	Treasurer - 2 hours	0	0	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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 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	✓
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	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0

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		
40e		

- 41** List the states with which a copy of this return is filed. ▶ _____
- 42a** The books are in care of ▶ Barbara Klingler Telephone no. ▶ (321) 724-4566
 Located at ▶ 1290 Farnsworth Ave.
- 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 maintain 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 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.

▶ Barbara Klingler
 Signature of officer

▶ Barbara Klingler, Treasurer
 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 ▶ _____

self-employed

EIN ▶ _____

Phone no. ▶ () _____

Palm Bay Agility Club
#59-3629369

Form 990-EZ

Part 1, Line 6 Schedule

	Agility Trials (2)	Seminar	Totals
Gross Receipts	\$60554	2610	\$63164
Less Contributions	0	0	0
Gross Revenue	\$60554	2610	\$63164
Less Direct Exp	\$41206	2000	\$43206
Net Income	\$19348	610	\$19958

Line 16 Other Expenses:

Charity	\$1115
DACOF	\$1960
Equipment/Timers	\$1286
Insurance	\$1609
Corporation fee	\$61
Seminars	\$2150
Sunshine	\$50
Supplies	448
Web Hosting	625
Postage	13
TOTAL	\$9317