

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

**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 of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2010 calendar year, or tax year beginning April 1, 2010, and ending March 31, 2011

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

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

D Employer identification number: **59 3629369**

E Telephone number: **321-724-2487**

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.pbac.org**

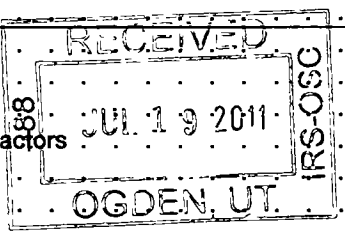
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, 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	576
	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	70732.62	
c	Less: direct expenses from gaming and fundraising events	6c	56281.14	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14451.48	
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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	15027.48	
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	
	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 in Schedule O)	16	10396.51
17	Total expenses. Add lines 10 through 16 ▶	17	10396.51	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4630.97
	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	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	4630.97



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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 **PRINT OUT**

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	61947.41	66578.38
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	61947.41	66578.38
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	61947.41	66578.38

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? Promoting dogs, agility, human/dog bond, education
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, 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		
(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 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
John Courtney 1920 Michels Dr., Palm Bay, FL 32905	President - 2 hours	0		
Carole Beth Davis 1674 Waneta Court, Palm Bay, FL 32909	Vice Pres - 1 hours	0		
Dalyce Brell 3312 Sage Ave SE, Palm Bay, FL 32908	Secretary - 2 hours	0		
Ann Williams 701 Espanola Way, Melbourne, FL 32901	Treasurer - 4 hours	0		
Olaf Brell 3312 Sage Ave SE, Palm Bay, FL 32908	Director - .5 hours	0		
Marie Davino 5765 Outback Ave, Palm Bay, FL 32909	Director - 5 hours	0		
Mike Gallagher 13315 Bay St, Sebastian, FL 32958	Director - .5 hours	0		

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
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)		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		✓
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?		✓
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?		✓
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		✓
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.		
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)?	Yes	No
	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.		
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 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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
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		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a 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)	45a	✓
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	46	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributors to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

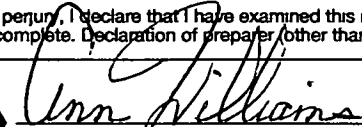
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 all information provided to the preparer.

Sign Here ▶ 
 Signature of officer
 ▶ Ann Williams - Treasurer
 Type or print name and title

Paid Preparer Use Only
 Prnt/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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010

**Open to Public
Inspection**

Name of the organization

Palm Bay Agility Club

Employer identification number

59 3629369

Bank Charge \$35.00

Charity \$1,600.00

DACOF \$3,585.85

Insurance \$1,546.46

License/Permits \$122.50

Meeting Refresh. \$135.23

Supplies \$8.46

Postage \$18.19

Sunshine \$155.82

Scholarships \$3,064.00

Web Hosting \$125.00

TOTAL \$10,396.51

**Palm Bay Agility Club
#59-3629369**

Page 2, Part III

- *Donated \$100 to German Shepherd Rescue
- *Donated \$1200 to Canine Companions for Independence
- *Donated \$300 to Sebastian River High School ROTC
- * Member with therapy dog visits Sebastian River Medical Center once a week to visit the sick.
- * Members actively look for and frequently place displaced pets.
Members have personally taken in several displaced dogs.
- * Donated collected dog food to local humane society.
- * Group of members cook and serve BBQ and fixings to ~1500 people,
a benefit for Brevard Alzheimer's Foundation Fundraiser.
- * National Dog Day - members went to Melbourne Terrace, a retirement home - pet therapy
- * Member is a volunteer puppy raiser for Canine Companions for Independence.
- * Additionally, several members teach dog training at other clubs
and provide service to other club's trials.
- * Four day agility trial with over 250 people participating per day. Open to public spectators.
- * Three day trial with over 250 people/dog teams participating per day. Open to the public.
- * Two agility training camps open to all. 150+ participants. Open to public spectators
- * Have members who are judges of other dog training venues
- * Have two members licensed to test dogs for Canine Good Citizens.
- * Have a member who goes to local schools and libraries to teach children about dogs.

Part I, Line 6

	AKC	USDAA	Benefit Raffle	Timer Rental	ABCTC	BowWow	CGC	Totals
Gross Revenue	\$ 30,895.00	\$ 25,285.00	\$ 584.22	\$ 3,400.00	\$ 4,640.00	\$ 5,878.40	\$ 50.00	\$ 70,732.62
Less Direct Exp	\$ 26,979.37	\$ 18,866.97	\$ -	\$ 21.18	\$ 4,513.02	\$ 5,900.60	\$ -	\$ 56,281.14
Net Income	\$ 3,915.63	\$ 6,418.03	\$ 584.22	\$ 3,378.82	\$ 126.98	\$ (22.20)	\$ 50.00	\$ 14,451.48

Part I, - Line 16

Bank Charge	\$ 35.00
Charity	\$ 1,600.00
DACOF	\$ 3,585.85
Insurance	\$ 1,546.46
License/Permits	\$ 122.50
Meeting Refresh.	\$ 135.23
Supplies	\$ 8.46
Postage	\$ 18.19
Sunshine	\$ 155.82
Scholarships	\$ 3,064.00
Web Hosting	\$ 125.00
TOTAL	\$ 10,396.51

Net Income	\$ 14,451.48
Dues	\$ 576.00
Total Income	\$ 15,027.48
Other Expenses	\$ 10,396.51
Net Gain	\$ 4,630.97

Legend:

AKC American Kennel Club (trial)
 USDAA United States Dog Agility Association (trial)
 ABCTC Ann Braue's Canine Training Center (Seminars)
 BowWow Trade name (Seminars)
 CGC Canine Good Citizen Testing

Income Statement

4/1/10 through 3/31/11

Category	4/1/10- 3/31/11
Income/Expenses	
Income	
ABCTC Seminar	4,640.00
AKC RV Parking Income	4,050.00
AKC Trial Income:	
Less Refunds	-1,946.00
AKC Trial Income - Other	28,791.00
	26,845.00
Total AKC Trial Income	26,845.00
BowWow Camp Income	2,803.40
BowWow RV Income	3,075.00
Canine Good Citizen Testing	50.00
Dues	576.00
Raffle Income:	
Raffle Expense	-385.78
Raffle Income - Other	970.00
	584.22
Total Raffle Income	584.22
Timer Rental	3,400.00
USDAA Income:	
Less Refunds	-490.00
USDAA Income - Other	23,695.00
	23,205.00
Total USDAA Income	23,205.00
USDAA RV Income	2,080.00
	71,308.62
Total Income	71,308.62
Expenses	
ABCTC Seminar expense	4,513.02
AKC Trial Expense:	
AKC Fees	6,118.00
Equipment or Supplies:	
Software	75.00
Equipment or Supplies - Other	2,362.06
	2,437.06
Total Equipment or Supplies	2,437.06
Judges Fees & Expenses	7,314.82
Printing & Office Expense	185.31
Rental-Pavillion & Equipment	2,354.20
RV Parking	3,352.20
Toys Ribbons Awards	1,113.84
Trial Food	1,133.94
Trial Help	1,220.00

Income Statement

4/1/10 through 3/31/11

Category	4/1/10- 3/31/11
Trial Services	1,600.00
AKC Trial Expense - Other	150.00
Total AKC Trial Expense	26,979.37
Bank Charge	35.00
BowWow Camp	3,103.40
BowWow RV Expense	2,797.20
Charity	1,600.00
DACOF	3,585.85
Equipment, Timers	21.18
Insurance	1,546.46
Lic and Permits	122.50
Meeting food	135.23
Postage	18.19
Scholarship	3,064.00
Sunshine	155.82
Supplies, Bus	8.46
USDAA Trial Expense:	
Equipment or Supplies	1,200.00
Judges Fees & Expenses	3,275.31
Rental-Pavillion & Equipment	1,845.95
RV Parking Expense	1,975.80
STPLCHS&Jumpers Perf Cash Prize	742.80
Toys Ribbons Awards	986.87
Trial Food	1,066.24
Trial Help	600.00
Trial Services	1,125.00
USDAA fees	5,899.00
USDAA Trial Expense - Other	150.00
Total USDAA Trial Expense	18,866.97
Web hosting	125.00
Expenses - Other	0.00
Total Expenses	66,677.65
Total Income/Expenses	4,630.97