

Short Form Return of Organization Exempt From Income Tax

2011

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 2011 calendar year, or tax year beginning April 1, 2011, and ending March 31, 20 12

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 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
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

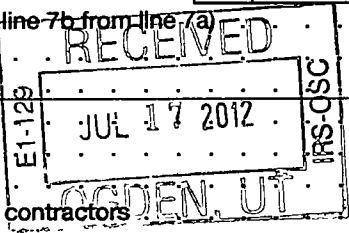
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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

SCANNED JUL 24 2012

	Description		Amount
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	330.00
	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	61536.66
c Less: direct expenses from gaming and fundraising events	6c	62245.22	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-708.56	
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	-378.56	
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	62245.22
	17 Total expenses. Add lines 10 through 16 ▶	17	62245.22
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	61866.66
	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	66576.38
	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	61866.66



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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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66578.38	22 66277.06
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66578.38	27 66277.06

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, agility, sportsmanship, human/dog bond, education

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 _____ _____ (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) 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
John Courtney 1920 Michels Drive, Palm Bay, FL 32905	President - 3 hours			
Carole Beth Davis 1674 Waneta Dnve, Palm Bay, FL 32909	Vice Pres - 1 hour			
Dalyce Brell 3312 Sage Ave SE, Palm Bay, FL 32908	Secretary - 2 hours			
Ann Williams 701 Espanola Way, Melbourne, FL 32901	Treasurer - 4 hours			
Olaf Brell 6700 Stormy Lane, Grant Valkana, 32949	Director - .5 hours			
Marie Davino 5765 Outback Ave, Palm Bay, FL 32909	Director - .5 hours			
Mike Gallagher 13315 Bay Street, Sebastan, FL 32958	Director - .5 hours			

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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		✓

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

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

	Yes	No
48		✓

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		✓

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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) 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 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 of which preparer has knowledge.

Sign Here
 Signature of officer: *Ann Williams*
 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

Income Statement

4/1/11 through 3/31/12

SCHEDULE O

Category	4/1/11- 3/31/12
Income/Expenses	
Income	
ABCTC Seminar	3,760.00
AKC RV Parking Income	-50.00
AKC Trial Income:	
Less Refunds	-60.00
AKC Trial Income - Other	29,645.00
<hr/>	
Total AKC Trial Income	29,585.00
BowWow RV Income	1,750.00
Canine Good Citizen Testing	65.00
Dues	330.00
Raffle Income:	
Raffle Expense	-215.34
Raffle Income - Other	692.00
<hr/>	
Total Raffle Income	476.66
Timer Rental	2,850.00
USDAA Income:	
Less Refunds	-898.00
USDAA Income - Other	21,658.00
<hr/>	
Total USDAA Income	20,760.00
USDAA RV Income	2,155.00
Income - Other	185.00
<hr/>	
Total Income	61,866.66
Expenses	
ABCTC Seminar expense	3,201.56
AKC Trial Expense:	
AKC Fees	6,787.00
Equipment or Supplies	94.70
Judges Fees & Expenses	4,658.96
Printing & Office Expense	347.29
Rental-Pavillion & Equipment	2,054.20
RV Parking	3,896.20
Toys Ribbons Awards	1,277.89
Trial Food	1,856.84
Trial Help	800.00
Trial Services	1,400.00
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Total AKC Trial Expense	23,173.08
Bank Charge	43.25

WE HOLD TWO TRIALS
PER YEAR

OPEN TO ALL AKC
REGISTERED DOG -
OPEN FOR PUBLIC
VIEWING.

RAFFLE HELD FOR
CHARITABLE CAUSE

WE HOLD SEMINARS
FOR DOG HANDLING
OPEN TO ANYONE.

WE RENT OUT OUR
CLUB OWNED TIMERS
TO OTHER DOG CLUBS.

Income Statement

4/1/11 through 3/31/12

Category	4/1/11 - 3/31/12
BowWow Camp Expense	4,908.70
Charity	1,700.00
Club Shirts	1,765.00
DACOF	3,088.35
Equipment:	
Agility	492.76
	492.76
Total Equipment	492.76
Equipment Storage	738.45
Insurance	1,589.76
Meeting food	257.93
Postage	8.80
Scholarship	2,000.00
Sunshine	536.31
Supplies, Bus	75.34
USDAA Trial Expense:	
Equipment or Supplies	1,659.18
Judges Fees & Expenses	3,761.33
Rental-Pavillion & Equipment	1,545.95
RV Parking Expense	1,975.80
Toys Ribbons Awards	1,155.15
Trial Food	1,186.52
Trial Help	300.00
Trial Services	1,125.00
USDAA fees	5,832.00
	18,540.93
Total USDAA Trial Expense	18,540.93
Web hosting	125.00
Expenses - Other	0.00
	62,245.22
Total Expenses	62,245.22
	-378.56
Total Income/Expenses	-378.56

Balance Sheet

As of 3/31/12

Accounts	3/31/12 Balance
Assets	
Cash and Bank Accounts	
Checking	66,227.06
Total Cash and Bank Accounts	<u>66,227.06</u>
Total Assets	<u><u>66,227.06</u></u>
Liabilities & Equity	
Liabilities	0.00
Equity	66,227.06
Total Liabilities & Equity	<u><u>66,227.06</u></u>