

1303

OMB No. 1545-1150

2012

Open to Public Inspection

Form 990-EZ

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)

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.

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning April 1, 2012, and ending March 31, 2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Palm Bay Agility Club, Inc. D Employer identification number: 59-3629369. E Telephone number: 321-724-2487. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] 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) [X] 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.

8-12-14

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 [X]

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 13,232.25. Expenses total: 661.00. Net Assets total: 78,848.85.

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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	66,277.06	78,848.31
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets		
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,277.06	78,848.31

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 dog training, sportsmanship, agility, teamwork
 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 title	(b) 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 J Courtney 1920 Michels Drive, Palm Bay, FL 32905	Pres - 3 hours			
Carole Beth Davis 1674 Waneta Drive, Palm Bay, FL 32909	VP - 1 hour			
Dalyce Brell 3312 Sage Avenue SE, Palm Bay, FL 32908	Sec - 2 hours			
Ann Williams 701 Espanola Way, Melbourne, FL 32901	Tres - 4 hours			
Olaf Brell 6700 Stormy Lane, Grant, FL 32946	Director - .5 hours			
Marie Davino 5765 Outback Avenue, Palm Bay, FL 32909	Director - .5 hours			
Mike Gallagher 13315 Bay Street, Sebastian, 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

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes (empty), No (checked).

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes (empty), No (empty).

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes (empty), No (empty).

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."

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) 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. All rows are empty.

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving more than \$100,000

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 any knowledge.

Sign Here Signature of officer: Ann Williams. 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? See instructions.

Schedule O

Palm Bay Agility Club

#59-3629369

Part I, Line 16

Prior Year adjustment for trial expenses of \$661.00

Page 2, Part III

- *Donated \$1000 to Charity
- *Donated \$300 to Charity of Sebastian River High School ROTC
- * Several members have therapy dogs and visit local medical facilities.
- * Members actively look for and frequently place displaced pets.
- * 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.
- * Two members are volunteer puppy raisers 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.