

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** April 1, 2014, and ending March 31, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Palm Bay Agility Club, Inc		<b>D Employer identification number</b> 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 drive	<b>E Telephone number</b> 321-724-2487	
	City or town, state or province, country, and ZIP or foreign postal code Palm Bay, FL 32905		<b>F Group Exemption Number</b> ▶

**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](http://www.pbac.org)

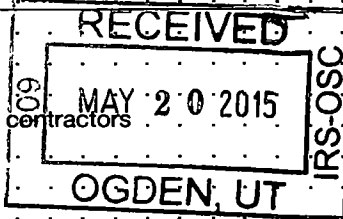
**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**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, 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	250.00
	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	68,374.20	
c	Less: direct expenses from gaming and fundraising events	6c	61586.72	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6787.48	
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	7037.48	
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	1751.85
	15	Printing, publications, postage, and shipping	15	137.83
	16	Other expenses (describe in Schedule O)	16	11,708.26
17	<b>Total expenses.</b> Add lines 10 through 16	17	13,597.94	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6560.46)
	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	68,124.36
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	61,563.90



SCANNED JUN 17 2015

For Paperwork Reduction Act Notice, see the separate instructions.

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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
<b>22</b> Cash, savings, and investments . . . . .	68,124.36	<b>22</b> 61,536.90
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> Total assets . . . . .	68,124.36	<b>25</b> 61,536.90
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .		<b>27</b> 61,563.90

**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,, 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; optional for others)

<b>28</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>

**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 Courtney - President	3 hours			
Cliff MacBroom - Vice President	1 hour			
Dalyce Brell - Secretary	3 hours			
Ann Williams - Treasurer	4 hours			
Mike Gallagher - Director	.5 hours			
Barbara Holbrook - 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. Includes questions 33 through 45b regarding organizational activities, financial reporting, and tax 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 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

	Yes	No
47		✓
48		✓
49a		✓
49b		

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

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

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

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

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 title of each employee	(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
n/a				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
n/a		

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

52 Did the organization complete Schedule A? **Note.** All 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*

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?

SCHEDULE O

**Palm Bay Agility Club**

•Important to note that one of our Agility Trial falls right in April in calendar year!

Income Events!

	<b>Agility Trials (Jan and April)</b>	<b>Ann Braue</b>	<b>Bow-Wow Camps</b>	<b>RV Parking</b>	<b>Timer Rental</b>	<b>Raffle Income</b>	
\$	48,205.00	\$ 3,075.00	\$ 5,601.90	\$ 8,586.00	\$ 2,806.30	\$ 100.00	\$ 68,374.20
\$	46,032.42	\$ 3,100.00	\$ 5,108.90	\$ 7,345.40	(expenses included)		\$ 61,586.72
\$	2,172.58	(\$75.00)	\$ 493.00	\$ 1,240.60	\$ 2,806.30	\$ 100.00	\$ 6,787.48

total income \$ **6,787.48**

<b>Line 3 Dues</b>	\$ 250.00	\$ 250.00
<b>Line 9 Total Revenue</b>		\$ <b>7,037.48</b>
<b>Line 14 Storage Unit</b>	\$ 1,751.85	\$ 1,751.85
<b>Line 15 Postage</b>	\$ 137.83	\$ 137.83
<b>Line 16 Expenses</b>		
DACOF	\$ 5,858.95	
Scholarship	\$ 1,350.00	
Office Supply	\$ 135.66	
Insurance	\$ 1,588.69	
Meeting Food	\$ 1,211.87	
Bank Charge	\$ 100.00	
Sunbiz renewal	\$ 61.25	
	<b>\$10,306.42</b>	\$ 10,306.42

**Charity Donations**

Alzheimers BBQ	\$ 51.84	
Canine Companions I	\$ 500.00	
SRJROTC	\$ 700.00	
VBHS	\$ 150.00	
	<b>\$ 1,401.84</b>	\$1,401.84

total expenses \$ 13,597.94 \$ (6,560.46) total on Profit and Loss Statement

04/24/15

**PBACQUICKBOOKS**  
**Profit and Loss Standard**  
**April 2014 through March 2015**

	<u>Apr '14 - Mar '15</u>
<b>Income</b>	
ABCTC Seminar	3,075.00
AKC RV Parking Income	8,586.00
AKC Trial Income	
Less Refunds	-1,832.00
AKC Trial Income - Other	50,037.00
	<hr/>
<b>Total AKC Trial Income</b>	<b>48,205.00</b>
<b>Bow Wow</b>	
BowWow RV Income	1,675.00
Bow Wow - Other	3,926.90
	<hr/>
<b>Total Bow Wow</b>	<b>5,601.90</b>
Dues	250.00
Timer Rental	2,806.30
Raffle Income	100.00
	<hr/>
<b>Total Income</b>	<b>68,624.20</b>
<b>Expense</b>	
AKC RV Parking	7,345.40
Bow Wow Exp	
BowWow Camp Expense	3,776.90
BowWow RV Expense	1,332.00
	<hr/>
<b>Total Bow Wow Exp</b>	<b>5,108.90</b>
Charity/Donations	1,401.84
Postage	137.83
ABCTC Seminar expense	3,100.00
DACOF	5,858.95
Scholarship	1,350.00
Storage Unit	1,751.85
Office Supply	135.66
AKC Trial Expense	
AKC Fees	12,834.00
Equipment or Supplies	122.24
Judges Fees&Exp	11,790.60
Rental - Equipment	4,400.00
Toys Ribbons Awards	2,671.33
Trial Food	3,186.91
Trial Help	1,632.55

04/24/15

**PBACQUICKBOOKS**  
**Profit and Loss Standard**  
**April 2014 through March 2015**

	<u>Apr '14 - Mar '15</u>
Trial Services	3,200.00
Equip or Supplies	300.00
Printing & Office Expense	140.49
Rental-Pavillion & Equip...	5,639.30
Worker Raffles	115.00
<b>Total AKC Trial Expense</b>	<b>46,032.42</b>
Insurance	1,588.69
Meeting food	1,211.87
Bank Charge	100.00
Lic and Permits	61.25
<b>Total Expense</b>	<b>75,184.66</b>
<b>Net Income</b>	<b><u><u>-6,560.46</u></u></b>

**PBACQUICKBOOKS**  
**Balance Sheet Standard**  
**As of March 31, 2015**

04/24/15

Mar 31, '15

**ASSETS**

**Current Assets**

**Checking/Savings**

**Checking**

61,563.90

**Total Checking/Savings**

61,563.90

**Total Current Assets**

61,563.90

**TOTAL ASSETS**

**61,563.90**

**LIABILITIES & EQUITY**

**Equity**

**Retained Earnings**

32,474.38

**Net Income**

29,089.52

**Total Equity**

61,563.90

**TOTAL LIABILITIES & EQUITY**

**61,563.90**