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990-EZ

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 6 2010

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	2009 calendar y	/ear,	or tax year beginning	July 1	, 2009,	and	ending	J	une 30	, 2	0 10
В	Check if ap		ase	C Name of organization					D Empl	oyer ıden	tification num	ber
닏	Name abases		el or	Suburban Dog Training Club	Inc.					23-	2180641	
닖		ange pro	nt or	Number and street (or P O box, if	mail is not delivered to str	et address)	Roc	om/suite	E Telep	hone num	nber	
H	Terminate			1011 East Willow Grove Avei	nue							
Ħ	Amended		ecific truc-	City or town, state or country, and	ZIP + 4				F Grou	ıp Exem	ption	
		n pending tion		Wyndmoor, PA 19038						nber 🕨		
	• Sect	tion 501(c)(3) ord	aniz	zations and 4947(a)(1) nonexe	not charitable trusts i	nust attacl	,	G Accou	intina Me	ethod [☑ Cash 🗌	Accrual
				npleted Schedule A (Form 990					(specify)		_	
								H Check	(▶ 🗹	ıf the ord	janization is i	not
1 '	Websit	:e: ►									edule B (Fori	
J ·	Tax-exe	empt status (che	ck o	nly one) — ✓ 501(c)() ◀	(insert no) 4947(a)	1) or 5	27		Z, or 99		·	
K	Check >	► ☐ If the o	rganı	zation is not a section 509(a)(3) s	supporting organization	and its gros	s rec	eipts are r	normally	not more	e than \$25.00	0. A
	Form 99			turn is not required, but if the o								
L				e 9 to determine gross receipts, if						· \$		61435
	art I			enses, and Changes in						ctions f	for Part I.)	
	1	Contributions	, aif	ts, grants, and similar amoui	nts received					1		166
	2		_	revenue including governme						2		38363
	3	-		s and assessments .						3		18718
	4	Investment in								4		217
	5a	Gross amoun	t fro	m sale of assets other than	nventory	5a			1230	<u> </u>		
	b			er basis and sales expenses	•				00			
	C			n sale of assets other than in			line f			5c		1230
en n				tivities (complete applicable parts of					▶⊓			
Revenue	a	Gross revenu			of contributi	_	٠.					
ě	-	reported on li	•	·		6a	1		1944	1485		
	Ь	•		nses other than fundraising of	Ynenses	. 6b	t		1482			
	C			_			line	6a)		6c		462
	7a			ss) from special events and activities (Subtract line 6b from line 6a) entory, less returns and allowances						\$3.80.		
	b	Less: cost of		•	wances	7b	+					
	C		•	ss) from sales of inventory (· · · · · · · · · · · · · · · · · · ·	<u> </u>	1			7c		
	8			escribe CGC Test income						8		797
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c				<u> </u>	— <u>'</u> ¦	9		59953
	10			r amounts paid (attach sche	4.44	· · · · ·	<u> </u>	 -		10		
	11			or for members	out RECE	INFD		1	• •	11		
U.		· · · · · · · · · · · · · · · · · · ·		mpensation, and employee	nemetite		$\exists c$	·		12		
Expenses	13	Professional i	r oo fees	and other payments to inde	nendent contractors	1 2010	RS-OSC		•	13		27889
oe.	14	Occupancy r	ent	utilities, and maintenance		1 2010	l $\tilde{\omega}$			14		27583
ă	15			ons, postage, and shipping			_] =			15		
	16	Other expens	es (describe ► Admin exp, Equ	up Purch (Bung Raise	\\nsurance	.Men	pership	٠,	16		6724
	17	Total expens	es.	Add lines 10 through 16 .		<u> </u>		-		17		62196
	140) for the year (Subtract line 1						18		-2243
Net Assets	19			nd balances at beginning of						3		
Ü				e reported on prior year's ret		, ,		-		19		31875
7	20	-	-	net assets or fund balances	•					20		
Ž	21			d balances at end of year. C						21		29632
	art II			ets. If Total assets on line 25					rm 990		of Form 99	
	-			(See the instructions for F					ginning of		(B) End of	
2	2 Ca	ash, savings, ai	nd ir	nvestments	•				3	1875 2	2	29632
		and building					•			2		
		ther assets (des		_			١			2	-	
		otal assets .					′	ļ —	3	1875 2		29632
	C T.	4_1	4				٠,		<u>`</u>	20		
	7 N	ot accote or fu	nd k	palances (line 27 of column	(B) must agree with I	ino 21\	′	 		1975 0		20622

rom:	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instru	uctions for Part II	.)		Expenses
Wha	t is the organization's primary exempt purpose?					ured for section
	cribe what was achieved in carrying out the org					(3) and 501(c)(4) exations and section
	ner, describe the services provided, the number of	f persons benefited, and o	other relevant info	mation for		(a)(1) trusts, optional
each	program title.					hers)
28	Obedience classes for training dogs and their handle	ers to obtain good manners a	ind neighborliness			
					ŀ	
	(Grants \$) If this amount	includes foreign grants, chi	eck here .	. ▶ 🗆	28a	55472
29	Demonstrations of dog obedience at schools and se	nior citizen centers				
					İ	
	(Grants \$) If this amount	includes foreign grants, chi	eck here	_ ▶ □	29a	0
30	Visitations at nursing homes and medical facilities for	or pet therapy				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	00
31						
		includes foreign grants, che		. ▶ 🗆	31a	
	Total program service expenses (add lines 28a t			<u> </u>	32	55472
Par	t IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	ylou Ryan	President				
	Yeakel Avenue, Erdenheim, PA 19038		00		00	00
	bara Jennings	Vice President				
	zalea Circle, Lafayette Hill, PA 19444		00		00	00
	nna Hollick	Treasurer				
	Forge Lane, Feasterville, PA 19053		00		00	00
	Landis	Secretary				
2615	5 Dogwood Lane, Norristown, PA 19401		00		00	00
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		_
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			ļ,
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved . Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9	304	170	
40a	Gross receipts, included on line 9, for public use of club facilities			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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			•
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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.	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► 1011 East Willow Grove Avenue, Wyndmoor, PA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	190	38	
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	163	7
	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.			
	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: ▶	42c		_✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •		<u>►</u> □
		ſ	Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		163	7
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44		
				 -

candidates for public office? If "Yes," complete Schedule C, Part I 7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 8 Is the organization as achool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 8 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Dif "Yes," was the related organization section 170 (2)(A)(iii)? If "Yes," complete Schedule E 9 Dif "Yes," was the related organization of section 170 (2)(A)(Iii) and activities of the organization of the organization of the organization of the organization of the organization. If there is none, enter "None." 10 Name and address of each engloyee paid more than \$100,000 or compensation from the organization. If there is none, enter "None." 11 Total number of other employees paid over \$100,000	rait vi	 Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50 	947(a)(1) nonexempt chari	xempt charitab table trusts mus	l e trusts only. A t answer questic	III sections 46–4	n 19b
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)(I)(A)(b)? If "Yes," complete Schedule E 48 49 Did the organization as a school as described in section 170(b)(I)(A)(b)? If "Yes," organization? 49 49 Did the organization as the school as described in section 170(b)(I)(A)(b)? If "Yes," we make any transfer to an exemptin on-charitable related organization? 49 50 Complete this table for the organization as action 527 organization? 60 Complete this table for the organization five highest compensation from the organization. If there is none, enter "None." 60 Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 61 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None." 62 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None." 63 Name and address of each independent contractor paid more than \$100,000 64 Total number of other independent contractors paid more than \$100,000 75 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None." 65 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None." 75 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." 81 Complete this table for the organization of the independent contractors ea				es on behalf of or	in opposition to	Y(s No
48 Is the organization a school as described in section 170(b)(1)(A)(i)* If "Yes," complete Schedule E. 48 49a Did the organization make any transfers to an exempt non-charitable related organization?		•					_ <
Did the organization make any transfers to an exempt non-chantable related organization? 49a 49a 49b 50 1f "Yes," was the related organization a section 527 organization? 49b 50 50 50 50 50 50 50 5			ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and 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 of compensation from the organization deferred compensation deferred compensation (elegendation of the position deferred compensation). Total number of other employees paid over \$100,000 (b) Total number of other employees paid over \$100,000 (c) Complete this table for the organization's five highest compensated independent contractors who each received more \$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 from the organization of the position of the positio							-
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d Total number of other independent contractors each receiving over \$100,000 . ▶	None					(-)	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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 Signature of officer, MARYLOY RYAN PRESIDENT Preparer's Signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no							
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 Signature of officer	d T						
Paid Preparer's signature Date Date Date Preparer's identifying number (See instruction of the self-employed), address, and ZIP + 4 Phone no							
Paid Preparer's Use Only Use Only Signature Signature Firm's name (or yours if self-employed), address, and ZIP + 4 Self-employed ▶ □ Firm's name (or yours if self-employed), address, and ZIP + 4		MARYLOW RYAN	PRESIDENT	<u> </u>	Culqust Date	3,0	201
Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no		signature	Date	l self-	Preparer's identifying nur	mber (See ins	structions)
address, and ZIP + 4 Phone no ▶	•	Firm s name (or		EI	N >		
M		address, and ZIP + 4		Ph	none no 🕨		
May the IRS discuss this return with the preparer shown above? See instructions	May the	IRS discuss this return with the preparer sho	own above? See instructions	<u> </u>	▶ [Yes [No