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Department of the Treasury

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)

2009 Open to Public

Form **990** (2009)

inter	ral Reven	ue Service		► The organization may have to use a copy of this return to satisfy state reporting	g require	ments	Inspection
Α	For the 2	2009 cal <u>end</u>	dar ye	ar, or tax year beginning $10/01/09$, and ending $09/30/10$			
В	Check if appl			C Name of organization HUNTSVILLE OBEDIENCE TRAINING CLUB		D Empl	oyer identification number
\bigcap	Address cha	ange i i i	e IRS	INC			
$\overline{\Box}$	Name chang		pelor intor	Doing Business As		63-	-0739960
\equiv		l tv	ype.	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Teleph	none number
<u> </u>	Initial return	s	See	131 EXPORT CIRCLE NW			5-539-8206
	Termination		ecific	City or town, state or country, and ZIP + 4		G Gross reco	24 026
Γ1.	Amended re		ons.	HUNTSVILLE AL 35806		<u> </u>	,
L J	-			and address of principal officer		H(a) Is this	a group return for
_	Application p	pending ['	Name	and address of principal officer		affiliat	
						H(b) Are al	
		ł			ł		
_			v			II NO,	attach a list (see instructions)
	Tax-exem			501(c) (4) ◄ (Insert no) 4947(a)(1) or 527		11/-> 0	
	Website:					H(C) Group	exemption number
	Type of orga			oration Trust Association Other ▶ L Year of form	ation		M State of legal domicile
<u> </u>	art I	Sum		<u> </u>		-	
	ŀ	•		e organization's mission or most significant activities			
Ö		DOG TR	NIAS	ING ORGANIZATION			
auc							
Ę							
& Governance	2 Cr	heck this b	oox 🕨	If the organization discontinued its operations or disposed of more than 25% of its	net asset	ts	
O M	3 Nu	umber of v	oting	members of the governing body (Part VI, line 1a)		3	
ŝ	í		_	indent voting members of the governing body (Part VI, line 1b)		4	
Ě				mployees (Part V, line 2a)		5	
Activities				olunteers (estimate if necessary)		6	····
⋖	1			ited business revenue from Part VIII, column (C), line 12		7a	
		-		iness taxable income from Form 990-T, line 34		7b	0
	2	et uniciate	u bus	iness taxable income norm of orm 990-1, line 34	Prior Year		Current Year
م شور	§ 8 Co	ontributions	s and	grants (Part VIII, line 1h)			
Revenue	9 Pr			evenue (Part VIII, line 2g)	5	,380	57,875
9 2 5	10 inv	-		e (Part VIII, column (A), lines 3, 4, and 7d)		,333	1,671
~ ∑	11 01			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		- /	9,159
ر	<u> </u>			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	8	713	68,705
一	_			r amounts paid (Part IX, column (A), lines 1–3)		7	5,320
ę	> 14 Da	rants and s	d to o	r for members Part IX potential Alline 4			<u></u>
٩	J: a = a	enems pak	0 10 0	mpensation, employee penetris (Pari IX column (A), lines 5–10)			
sésbe	15 52						
6	5 16a Pr			raising fees (Part X, column (A), line 11e)			
Expe	b [0			expenses (Part (\$\frac{1}{25}\) columb (0), \(\hat{\text{lne}}\) 11 \(\frac{1}{25}\)	1 0		FO 216
ш	۱ ۷٬			Part IX, column (A) Jines 11a-110, 111-241)		,914	58,316
	18 · To	otal expens	ses A	dd lines 13–11 (musf eggal Pair X column (A), line 25)		,914	63,636
	19 Re	evenue les	ss exp	enses Subtract line 18 from line 12		,201	5,069
Net Assets or Fund Balances					ing of Curr		End of Year
Sset	20 To			X, line 16)	260	,595	265,659
age A	21 To		•	art X, line 26)			0.65 .650
				balances Subtract line 21 from line 20	260	, 595	265,659
<u> </u>	art II	Sign	atur	e Block			
		Under p	penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to	o the best o	of my knowledge
		and bei		s true, correct, and complete Declaration of preparer (other than officer) is based on all information of v	mich prepa	arer nas an	y knowledge
Sig	jn		<u>(n</u>	aulyn Wemock			
He	re	Sig	gnjature	e of officer // - · / —		Date	
			MA	RILVA HEINISCH, TRASURER			6-17-11
		Ту	pe or p	print name and title			
		Orena	or's	1 Page Date	Check if		Preparer's identifying number
Pai	id	Prepare signatui		05/19/19/19	self-	d .	(see instructions)
Pre	eparer's		-		employe	T .	63-1027959
Us	e Only	Firm's n		or yours		EIN D	03-102/339
		ıf self-er				Phone	056 500 1110
	=	address				no	256-533-1113
May	the IRS	discuss th	nis reti	urn with the preparer shown above? (see instructions)			Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Form 990 (2009)

63,636

4e Total program service expenses ▶

Form 990 (2009) HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) X 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 9 complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 Yes No .3 12A Was the organization included in consolidated, independent audited financial statements for the tax year? X 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19

X

19

If "Yes," complete Schedule G, Part III

Form 990 (2009) HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960 Page 4 Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X 22 United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes." complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a X 24b through 24d and complete Schedule K. If "No," go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization 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 X 990-EZ? If "Yes," complete Schedule L, Part i 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 ٠, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3a h If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter 10<u>a</u> Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			Τ	,
		1 - 1	Γ	Yes	No
1a	Enter the number of voting members of the governing body	1a			
b	Enter the number of voting members that are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2		X
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct		-	 	
3			3	1	x
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4	 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	illed.	5	 	X
6	Does the organization have members or stockholders?		6	 	X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members		"	† – –	
, a	of the governing body?		7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	†	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		''-	 	
v	the year by the following			*. »	,
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		05	† -	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	1	x
Sec	tion B. Policies (This Section B requests information about policies not required by the	Internal		 	
	renue Code.)	memai			
1161	ende Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	163	X
b	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		100	 	
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b	1	İ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		105	 	
•••	form?		11	Ì	x
11a				 	 -
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	╁	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		120	 	
U	rise to conflicts?		12b		
_			125	†	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		12c		
13			13	 	x
	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?		14	 	X
14	Did the process for determining compensation of the following persons include a review and approval by			╁	-
15	•		* e2 4 3	,	, ,
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		450		X
a	The organization's CEO, Executive Director, or top management official		15a	╁─	X
b	Other officers or key employees of the organization		15b		_A_
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		· 1		
16a					·-
	with a taxable entity during the year?		16a	 	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate] .
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		465		
	the organization's exempt status with respect to such arrangements?		16b	L	<u> </u>
-	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)			
	available for public inspection. Indicate how you make these available. Check all that apply.				
	Own website				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the			
	organization: ► MARILYN HEINISCH 131 EXPORT CIRCLE	06	056 53	0.0	206
H	INTSVILLE AL 358	סט	256-53	ラーロ	ZU 0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per			(chec	C) k all t	hat a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARTHA REICHOLD PRESIDENT						-		0	0	
HERMAN FITZERALD V-PRESIDENT								0	0	
MARILYN HEINISCH TREASURER								0	0	
ANN WATLEY SECRETARY								0	0	
	·									
		 				-				
<u> </u>		 		_		-				
				-						
		 								
		1								
				-						
				-						
·			-	<u> </u>		_				· · · · · · · · · · · · · · · · · · ·
	 -							7.00		

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(F)

•	(A) (B) Name and Title Average				(C checl		hat ap	oply)	(D) Reportable	(F) Estimated amount of				
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	o comp fro orgai and	ther ensation m the nization related nizations		
								_						
							<u> </u>	_						
1b 2	Total Total number of individuals (in	ncludina but not li	mite	d to 1	hose	e list	ed al	DOVE	e) who received more than t	100.000 in				
_	reportable compensation from												1	
3	Did the organization list any fo								yee, or highest compensate	ed			No	
4	employee on line 1a? If "Yes," For any individual listed on line	e 1a, is the sum	of re	porta	ble o	com	pens	atioi	n and other compensation f	rom	3		X	
5	the organization and related o individual Did any person listed on line 1										4		X	
	services rendered to the organ	nization? If "Yes,"								· · · · · · · ·	5		X	
1	Complete this table for your five compensation from the organic	ve highest compe	ensa	ted in	ndep	end	ent c	ontr	ractors that received more th	nan \$100,000 of	,			
		(A) d business address							Descrip	(B) obtoin of services		(C) Compens	ation	
								_						
			,					L.						
														
2	Total number of independent more than \$100,000 in compe		-				d to	thos	se listed above) who receive	ed		0		
DAA											F	orm 99 0	0 (2009	

63-0739960 Form 990 (2009) HUNTSVILLE OBEDIENCE TRAINING CLUB Page 9 Statement of Revenue (D) Revenue (C) (A) (B) Related or Unrelated Total revenue excluded from tax exempt function business revenue under sections 512, 513, or 514 revenue 1a 1a Federated campaigns b Membership dues 1b 1c c Fundraising events d Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn. Code 51,750 51,750 2a TRAINING SESSIONS 6,125 6,125 b DUES f All other program service revenue 57,875 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,671 1,671 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental exps c Rental inc or (loss) Þ Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 13,369 returns and allowances 13,231 b b Less cost of goods sold 138 138 c Net income or (loss) from sales of inventory \triangleright Busn. Code Miscellaneous Revenue 5,036 5,036 11a TRAINING MEETS 3,275 3,275 b MISC INCOME 710 710 DONATION All other revenue 9,021 Total. Add lines 11a-11d

68,705

68,705

0

0

Total Revenue. See instructions

Form 990 (2009) HUNTSVILLE OBEDIENCE TRAINING CLUB

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o									
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	5,320	5,320							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22				1					
3	Grants and other assistance to governments,									
	organizations, and individuals outside the	ļ								
	U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees				 					
6	Compensation not included above, to disqualified		}							
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	-			 					
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)				 					
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
a	Management	· · · · · · · · · · · · · · · · · · ·								
b	Legal	300	300		<u> </u>					
C	Accounting	300								
d										
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees		-		 					
g 12	Other	191	191							
12	Advertising and promotion Office expenses	2,856	2,856	·						
13	Information technology	2,000								
14	Royalties									
15 16	Occupancy	28,724	28,724							
16 17	Travel			·-· ·-						
17 18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	•				-					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	9,538	9,538							
23	Insurance	3,285								
LJ	modiano		-,							
24	Other expenses Itemize expenses not									
~~	covered above (Expenses grouped together	*								
	and labeled miscellaneous may not exceed				~					
	5% of total expenses shown on line 25 below)									
а	TRAINING SUPPLIES	7,308	7,308							
b	HOSPITALITY	3,074								
C	TRAINING COUNCIL	2,539								
d	MISC	407	407							
e	BOARD OF DIRECTORS	94	94							
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	63,636	63,636							
26				-						
20	SOP 98-2 Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation									

	n 990 art)	(2009) HUNTSVILLE OBEDIENCE T	KAIN	ING CTOR 63	-0739960		Page 11
_	art,/	Sheet Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	_		5,744	1	900
	2	Savings and temporary cash investments			110,323	2	93,994
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, t	trustees	, key			
	ļ	employees, and highest compensated employees. Comp					\
		Schedule L			***	5	
	6	Receivables from other disqualified persons (as defined	under s	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or	[]			,	, , ,
		other basis Complete Part VI of Schedule D	10a	339,109			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	b	Less accumulated depreciation	10b	168,344		10c	170,765
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	<u> </u>
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	† · · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11				15	†····
	16	Total assets. Add lines 1 through 15 (must equal line 34	I)		260,595	16	265,659
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
g	21	Escrow or custodial account liability Complete Part IV of	Schedu	ıle D		21	
Liabilities	22	Payables to current and former officers, directors, trustee			· · · ·		
豆		employees, highest compensated employees, and disqui	•		^		
<u>.a</u>		persons. Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third	narties			23	†
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25				26	
Ś		Organizations that follow SFAS 117, check here ▶	and	······································	, , ,		V4 ,
Balances		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check her	ro 🕨 🛱				
Ļ.		and complete lines 30 through 34.	.0]			,
Assets or	30	Capital stock or frust principal, or current funds				30	
et	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
SS	32	Retained earnings, endowment, accumulated income, or		ınde	260,595	32	265,659
î A	33	Total net assets or fund balances	June: II	alida	260,595		265,659
Net	34	Total liabilities and net assets/fund balances			260,595		265,659
_	- >+	LOTAL HADILITIES AND HEL ASSETS/INDO DSIGNCES			200,595	34	205,65

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960 INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>		E OBEDIENCE			39960				<u>ge 2</u>
Pa	irtilli Organizations Maintaining					sets (co	ntinu	ıed)	
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the following	g that are a significa	nt use of its				
а	Public exhibition	d Loa	n or exchange program	ns					
b	Scholarly research	e Oth				_			
C	Preservation for future generations								
4	Provide a description of the organization's coll Part XIV	ections and explain hov	w they further the organ	nization's exempt pu	rpose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part o	of the organization's col	lection?			Yes		No
Pa	art IV Escrow and Custodial Arra	ngements. Comp	lete if the organiz	ation answered	"Yes" to Fo	orm 990	, Par	t	
	IV, line 9, or reported an am	nount on Form 990	0, Part X, line 21.						
1a	Is the organization an agent, trustee, custodial	n or other intermediary	for contributions or other	er assets not			_		
	included on Form 990, Part X?					L	Yes	s []	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follow	ng table						
						Ar	mount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on For	rm 990, Part X, line 217)				Ye	s 🔲	No
b	if "Yes," explain the arrangement in Part XIV								
Pa	art V Endowment Funds. Compl	ete if organization	answered "Yes"	to Form 990, Pa	<u>art IV, line 1</u>	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back (e	e) Four	years b	ack
1a	Beginning of year balance			İ.,					·············
b	Contributions			* * *					<u> </u>
C	Net investment earnings, gains,			/ % `	1	•		. 🐧 🤊	*
	and losses				<i>*</i>		•		,
d	Grants or scholarships			*				, <u>s</u>	
е	Other expenditures for facilities					` , , , , , , , , , , , , , , , , , , ,	٠, ٠		
	and programs			٠.	- *	. , ,	´a	3 Z4	
f	Administrative expenses			· 10/2.		- SA 27.			, ,
g				1983 P. C.	1000		30.0	7	, 1
2	Provide the estimated percentage of the year	end balance held as							
а		%							
b	Permanent endowment ▶ %	 _							
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization	that are held and admi	inistered for the			_		
	organization by	•				_		Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations					[;	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Se	chedule R?				3b		
4	Describe in Part XIV the intended uses of the			_					
P	art VI Investments—Land, Buildi			0, Part X, line 1	0.				
	Description of investment	(a) Cost or other bas			cumulated	(q,) Book	value	
		(investment)	basis (other	r) dep	reciation	<u> </u>			
1a	Land		46	, 950			4	6,9	950
	Buildings								
	: Leasehold improvements								
d									
	Other					T			
	1. Add lines 1a through 1e (Column (d) must eq	ual Form 990. Part X o	column (B), line 10(c)				4	16,9	50
		122.1 0 0.0011 0.171	(=),						

Schedule D (Form 990) 2009 HUNTSVILLE OBEDIENCE 1		63-0739960	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market v	alue — —
Financial derivatives			
Closely-held equity interests			
Other			
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			,
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
			
	<u> </u>		 -
	 		
	 		
	<u> </u>		
T-4-1 (0-1 (1) (1) (2) D-4 V (1) D-4 V (2)			4
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.	<u></u>		<u> </u>
(a) Description		(b)) Book value
(a) Description		(-)	
		-	
	 		
			
	· · · · · · · · · · · · · · · · · · ·		
	<u>. </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X: Other Liabilities. See Form 990, Part X, line 2	5		
1 (a) Description of liability	(b) Amount	,	
Federal income taxes	(2)	*	•
rederar income taxes			
	 		
	 		
	 		*
	 		
	 		
T. (1.10-1	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	<u> </u>		-
FIN 48 Footnote in Part XIV, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48.	ization's financial statements	s that reports the	

Sche	edule D (Form 990) 2009 HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2_	-
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,	
a	Net unrealized gains on investments 2a		
þ	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	<u>n</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c	٧,	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	-	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
<u>Pa</u>	art XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		
		- –	
	- <i>-</i>	- –	
			
_			·
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Schedule D (Form 990) 2009 HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960 Part XIV Supplemental Information (continued)																																
Schedule D (F	orm 990	2009	UN'	<u>rs</u> y	VII	LLE	€ (DBE	ED:	Œ	1CI	E 3	ľRÆ	II	111	<u>1G</u>	CI	LUE	3	6	3-0	73	996	50						Pa	ge 5	
Part XIV	Supp	leme	<u>ental</u>	Infe	orm	atio	on	(co	ntin	ue	<u>d)</u>																					
				_	-	_	_	_	_	-	_	-	_	_	_	-	_	_	_	_	- ·		_	_	_	_	_	_	-		-	_
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

> Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public Inspection

l	i	<u>o</u>					 				600
		ž X	se ■	ant							n 990) 2(
ıer		Yes	vered "Yes" to ore than \$5,000. U	(h) Purpose of grant or assistance						► 5320 ►	Schedule I (Form 990) 2009
Employer identification number 63-0739960			anization ansv nt received mo	(g) Description of non-cash assistance							
Employer 63-07		r assistance, and	plete if the org no one recipie	(f) Method of valuation (book, FMV, appraisal, other)							
		igibility for the grants o	Organizations in the United States. Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	(e) Amount of non-cash assistance							
		stance, the grantees' elemente of the United States	zations in the Un ore than \$5,000. leeded	(d) Amount of cash grant							
CLUB		nts or assis	1 Organi eived m ace is n	(c) IRC section if applicable							Form 990
E TRAINING	Assistance	e amount of the gra se? toring the use of gr	vernments and cipient that recipient that recipient additional sp	(b) EiN						rganizations	e Instructions for
Name of the organization HUNTSVILLE OBEDIENCE TRAINING INC	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	100	1 (a) Name and address of organization or government						 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	10

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Page 2 Form 990, Part IV, line 22.	ook, (f) Description of non-cash assistance					dditional information.
ation answered "Yes" to	(e) Method of valuation (book, FMV, appraisal, other)					line 2, and any other a
63-0739960 omplete if the organiza	(d) Amount of non-cash assistance					ion required in Part I,
ENING CLUB e United States. Co	(c) Amount of cash grant					provide the informat
DEDIENCE TRA: to Individuals in the (Form 990) if additional (Form 990)	(b) Number of recipients					complete this part to
Schedule I (Form 990) 2009 HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
Schedule I (i	•			Part IV

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

Name of the organization

HUNTSVILLE OBEDIENCE TRAINING CLUB

INC

Employer identification number 63-0739960

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS TRAINING SESSIONS AND TRAILS FOR BENEFIT OF MEMBERS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

OMB No 1545-0172

Name(s) shown on return

TNC

See separate instructions. HUNTSVILLE OBEDIENCE TRAINING CLUB

Identifying number 63-0739960

Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 3,580 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 5,772 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction репоф service only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property e 15-year property 20-year property 25 yrs S/L 25-year property Residential rental 27 5 yrs MM S/L property ММ 27 5 yrs S/L 07/16/10 35,775 MM 191 Nonresidential real 39 yrs S/L property ММ S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year b 12 yrs S/L 40-vear 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 9,543 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

- 000	n			Special	Even	ts Schedu	le		1	2009
Form 990		For calendar ye	ar 2009, o	r tax year beginning		10/01/0	9 , and er	nding 09	/30/10	
ame HUNTSVI INC	LLE	OBEDIENCE	TRAIN	NING CLUB				_	Employer Idea	ntification Number
Gross receipts Less contrib Gross revenu Less direct Net income (li	outions e expenses	93,	480 0 480 444 036	(B)	0 0 0 0 0	(C)	0 0 0 0	Others	0 0 0 0 0	Total 93,480 0 93,480 88,444 5,036
Description.	(A) (B) (C) Others	TRAINI	NG MEI	ETS						

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.

 If you are 	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for								
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form								
	8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information							
	insfers Associated With Certain Personal Benefit Con							
	For more details on the electronic filing of this form, vi				fits			
Part 1	Automatic 3-Month Extension of Time	. Only su	<u>bmit original (no copies neede</u>	d)				
	required to file Form 990-T and requesting an automa	atic 6-month	extension-check this box and complete					
Part I only						▶ ∐		
	orations (including 1120-C filers), partnerships, REMI	Cs, and trust	s must use Form 7004 to request an ex	ension o	f time			
to file income	T-1							
Type or	Name of exempt organization			Emplo	yer identification	number		
print	HUNTSVILLE OBEDIENCE TRAI	INING C	CLUB					
File by the	INC	····		63-0	739960			
due date for filing your	Number, street, and room or suite no If a P O box 131 EXPORT CIRCLE NW	, see instruc	tions					
return See instructions	City, town or post office, state, and ZIP code For a	foreign addi	ress, see instructions					
		35806						
5 5 .						·		
Enter the Reti	urn code for the return that this application is for (file a	separate ap	oplication for each return)			L		
Application		Return	Application			Return		
ls For		Code	ls For			Code		
Form 990		01	Form 990-T (corporation)			07		
Form 990-B	L	02	Form 1041-A			08		
Form 990-E	Z	03	Form 4720			09		
Form 990-P		04	Form 5227			10		
	(sec 401(a) or 408(a) trust)	05	Form 6069		-,	11		
	(trust other than above)	06	Form 8870			12		
1 01111 000 1	(hadi dilar tilali 2007)		1 6/11/ 5675			.1 .12		
• The books	are in the care of							
Telephone		FAX No						
•						▶ □		
_	inization does not have an office or place of business							
	r a Group Return, enter the organization's four digit G			this is				
	group, check this box	tne group, c	heck this box	ch .,	•			
	names and EINs of all members the extension is for							
	t an automatic 3-month (6 months for a corporation re							
untıl		n for the org	anization named above. The extension	S				
	rganization's return for							
calendar year or								
▶ 📙	tax year beginning , and ending							
2 If this ta	2 If this tax year entered in line 1 is for less than 12 months, check reason I Initial return Final return							
Change in accounting period								
					,			
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any		ļ			
	ndable credits. See instructions			3a	\$			
b If this ap	plication is for Form 990-PF, 990-T, 4720, or 6069, et	nter any refu	ndable credits and	1 -				
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
c Balance due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit								
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See								
instructions 3c \$								
Caution. If you	are going to make an electronic fund withdrawal with	this Form 8	868, see Form 8453-EO and Form 8879	9-EO for				
payment instru		÷, -						
	k Reduction Act Notice, see Instructions.				Form 8868	(Rev 1-2011)		
DAA	- man, rearrance, to managerige					,		

Form 8868 (F	Rev 1-2011)					Page 2		
• If you are	filing for an Additional (Not Automatic) 3-Mont	h Extension, co	mplete only Part II and check this box			▶ X		
Note. Only co	omplete Part II if you have already been granted a	an automatic 3-mo	onth extension on a previously filed Forr	m 8868				
• If you are	filing for an Automatic 3-Month Extension, cor							
Part II	Additional (Not Automatic) 3-Mont	h Extension	of Time. Only file the original (no copi	es needed).			
Type or	Name of exempt organization	Employer identification number						
print	HUNTSVILLE OBEDIENCE T							
File by the	INC	63-0	739960					
extended due date for	Number, street, and room or suite no. If a P.O.	or suite no. If a P.O. box, see instructions						
filing your	131 EXPORT CIRCLE NW	,						
return See instructions	City, town or post office, state, and ZIP code HUNTSVILLE	For a foreign add AL 35806	-					
Enter the Ref	ourn code for the return that this application is for					01		
								
Application	n	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990		01		ar marin	<u>andra a Marker another th</u>			
Form 990-1		02	Form 1041-A Form 4720			08		
Form 990-6		03	Form 5227			10		
	Γ (sec 401(a) or 408(a) trust)	05	Form 6069			11		
	(trust other than above)	06	Form 8870	·		12		
	of complete Part II if you were not already gran			filed Form	n 8868.	<u> </u>		
4 I reque 5 For cal 6 If the ta 7 State II ADD	group, check this box ames and EINs of all members the extension is for stan additional 3-month extension of time until endar year or other tax year beging ax year entered in line 5 is for less than 12 months change in accounting period in detail why you need the extension ITIONAL TIME IS REQUESTED ACCURATE RETURN.	08/15/11 nning 10/0 s, check reason	01/09 , and ending 09/30/1		RE A COMP	LETE		
	application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, ente	r the tentative tax, less any	<u> </u>				
	undable credits. See instructions		<u> </u>	8a	\$			
,	ipplication is for Form 990-PF, 990-T, 4720, or 60	•			1			
estima	ted tax payments made. Include any prior year ov	erpayment allowe	ed as a credit and any	,	1			
	t paid previously with Form 8868			8b	\$			
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with								
FTD co	upon or, if required, by using EFTPS (Electronic		nent System) See instructions nd Verification	8c				
Under penalties true, correct, an	of perjury, I declare that I have examined this form, included to prepare this form	•		y knowledgi	e and belief, it is			
_		,	6 0					
Signature	Dradlesono	~	itle V CPS		Date > 05	5/13/11		
						Rev 1-2011)		