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50rm 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning July 1 , 2010, and ending	J	une 30) , 20 11	
В	Check if ap	pplicable C Name of organization	D Empl	oyer id	entification number	
	Address c	hange Suburban Dog Training Club Inc.		2	3-2180641	
	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone n	umber	
	Initial retu	1011 East Willow Grove Avenue	a15-836-9173			
닏	Terminate	City or town, state or country, and ZIP + 4	F Group Exemption			
님	Amended	return		iber	•	
	Applicatio					
					f the organization is not	
	Websit				ach Schedule B	
			<u> </u>		D-EZ, or 990-PF)	
	Check >		ormally	not mo	ore than \$50,000 A	
		90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruc	tions) E	But if th	ne organization chooses	
		return, be sure to file a complete return			_ _	
		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,		67887	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
G	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the				
	-	Check if the organization used Schedule O to respond to any question in this Part I				
-	1	Contributions, gifts, grants, and similar amounts received		1	0	
	2	Program service revenue including government fees and contracts		2	39414	
	3	Membership dues and assessments		3	23803	
	4	Investment income		4	124	
	5a	Gross amount from sale of assets other than inventory 5a	1010			
	b	Less: cost or other basis and sales expenses	0	*		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	1010	
	6	Gaming and fundraising events		-30	1010	
	a	Gross income from gaming (attach Schedule G if greater than		*		
<u>o</u>	a	445,000)	0	1		
2011 Revenue		_ 		*		
≅×	l p	Gross income from fundraising events (not including \$of contribution	S	-		
		from fundraising events reported on line 1) (attach Schedule G if the				
₹\$0		sum of such gross income and contributions exceeds \$15,000)	2300	, , l		
N	С	Less: direct expenses from gaming and fundraising events 6c	2265	48		
D	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract	.Ž.		
AUG	1	line 6c)	!	6d	35	
_	7a	Gross sales of inventory, less returns and allowances	863	1		
7	b	Less: cost of goods sold	603			
<u>リ</u> ア	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	260	
ココアラア	8	Other revenue (describe in Schedule O)		8	373	
₹	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	→	9	65019	
_ ر	10	Grants and similar amounts paid (list in Schedule O)		10		
Expenses	11	Benefits paid to or for members	81 .	11		
	12	Salaries, other compensation, and employee benefits AUG 1 5 2011	i l . I	12		
	13	Professional fees and other payments to independent contractors	2 .	13	35675	
ē	14	Occupancy, rent, utilities, and maintenance		14	29661	
Ä	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)	≈ '	16	6087	
	17	Total expenses. Add lines 10 through 16		17	71423	
_	40	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(6404)	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with	-		
Net Assets	.5	end-of-year figure reported on prior year's return)		10	20022	
	00			19	29632	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	23228	
	₹ Z 1	iner assers or rung darances at end or year. Combine lines 18 through 20	. 🗩 !	21	23228	

Pa	Balance Sheets. (see the instructions Check if the organization used Schedule	s for Part II.) e O to respond to any ques	stion in this	Part I			
]		ginning of year	Ė	(B) End of year
22	Cash, savings, and investments				29632	22	23228
23	Land and buildings					23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[29632	25	23228
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column		•		29632	27	23228
Par							Expenses
-	Check if the organization used Schedule	O to respond to any ques	stion in this	Part I	<u> </u>		uired for section
	is the organization's primary exempt purpose?	Dog Training			 		c)(3) and 501(c)(4) nizations and section
	ibe what was achieved in carrying out the organization				ner, describe	4947	'(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and					for o	thers)
28	Obedience classes for training dogs and their hand	lers to obtain good manners	and neighbo	rliness			
				- -			
00	(Grants \$) If this amount	includes foreign grants, ch	eck here .	• •	. ▶ 📙	28a	65336
29	Demonstrations of dog obedience at schools and se	enior citizen centers				1	
			·				
	(Grants \$) If this amount	unaludas foreign grants, ab	ook boro	•••	<u>-</u>	00-	
30	Visitations at nursing homes and medical facilities	includes foreign grants, ch				29a	ļ
30	visitations at hursing nomes and medical facilities	or per dierapy	•••••			ļ	
						l	
	(Grants \$) If this amount	includes foreign grants, ch	ock here			30a	
31	Other program services (describe in Schedule O)					Sua	
٠.	The state of the s	includes foreign grants, ch				31a	
32	Total program service expenses (add lines 28a	through 31a)			•	32	65336
Pan	IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one e	ven if not cor	npensa	ated. (see the i		
	Check if the organization used Schedule	O to respond to any ques	stion in this	Part I	v		
	(a) Name and address	(b) Title and average	(c) Compen		(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not pa		employee benefit deferred comper		account and other allowances
Mary	lou Ryan	Dragidant					
217 \	'eakel Avenue, Erdenheim, PA 19038	President		00		00	00
Barb	ara Jennings	Vice President					
21 A	zalea Circle, Lafayette Hill, PA 19444	VICE FIESIUEIIL		00		00	00
Caro	Dietrich	Treasurer					
21 Ja	rrett Avenue, Rockledge, PA 19046	Trousardi		00		00	00
	.andis	Secretary					
2615	Dogwood Lane, Norristown, PA 19401			00		00	00
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		.]	I				1

Part	Other information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No.
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T.			- 25 _e
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	22.0	31, 33	× -
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1	'- i	y 3" 3"
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			. 1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶ ; section 4955 ▶		. 1)
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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			子落落
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	3,3%		
е	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	ا گئمد ۔	T
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 ► 1101 East Willow Grove Avenue, Wyndmoor, PA ZIP + 4 ►	190	38	
b	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		Yes	No
	account)?	42b		✓_
	If "Yes," enter the name of the foreign country: ▶	#KK **		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	53		
С	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	ion a - d at	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. •	• П
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		F	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	200	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		j
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	<u>/</u>
		44d		

						Yes	No	
4 5	Is any related organization a controlled entity	of the organization within the	meaning of section	512(b)(13)?	45	. 03	7	
а	Did the organization receive any payment from	_	•		-	• • • •	-	
_	meaning of section 512(b)(13)? If "Yes," For				1 2	7 -		
	Form 990-EZ (see instructions)				45a		1	
46	Did the organization engage, directly or indire	ctly, in political campaign ac	tivities on behalf of	or in opposition		:	T.	
	to candidates for public office? If "Yes," com			· ·	46	h	1	
Part \	Section 501(c)(3) organizations an 501(c)(3) organizations and section 4 and 52, and complete the tables for Check if the organization used Schedu	1947(a)(1) nonexempt char lines 50 and 51.	ritable trusts must	answer questic	II secons 4	tion 7–49i	 b	
						Yes	No	
47	Did the organization engage in lobbying activi	ties? If "Yes," complete Sche	edule C, Part II .		47		1	
48	Is the organization a school as described in sec	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			48		1	
49a	Did the organization make any transfers to an	the organization make any transfers to an exempt non-charitable related organization?			49a		1	
b	If "Yes," was the related organization a section	n 527 organization?			49b			
50	Complete this table for the organization's five							
	employees) who each received more than \$10		•					
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expen		
	than \$100,000	devoted to position		deferred compensation	othe	allowa	inces	
None								
					-			
-								
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					}			
		- 			ļ			
	Tatal and a father and a section of the	100.000						
51	Total number of other employees paid over \$`Complete this table for the organization's fiv \$100,000 of compensation from the organization.	re highest compensated indi	0 ependent contracto None."	ors who each rec	eived	more	thar	
	(a) Name and address of each independent contract	tor paid more than \$100,000	(b) Typ	e of service	(c) Co	mpensa	ation	
None								

			<u></u> _ <u> </u>					
d	Total number of other independent contractor	•		0				
52	Did the organization complete Schedule A? N		anizations and 4947	'(a)(1)	_	_		
	nonexempt charitable trusts must attach a co		<u> </u>	<u> ▶</u> ∟	Yes	_=_		
Under potential true, cor	penalties of perjury, I declare that I have examined this return rrect, and complete Declaration of preparer (other than office	, including accompanying schedules er) is based on all information of white	and statements, and to to the preparer has any know	he best of my knowled vledge	lge and	belief,	, it is	
Sign	Marylon Repay)		8-10-2	201	1		
Here	Signature of officer MARYLOU RYAN, PRESIDENT Type or print name and title							
	Print/Type preparer's name Pre	eparer's signature	Date		PTIN			
Paid	Timo typo proparo: o tiamo	,g 	- 3.5	Check if self-employed				
Prepa	- I- ·			ırm's EİN ▶				
Use (Only Firm's name Firm's address F	Jiny						
May th	he IRS discuss this return with the preparer sho	wn above? See instructions	P		Vec			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization	Employer identification number
Suburban Dog Training Club Inc.	23-2180641
2010 990 EZ	
Part I - Line 8 Other Revenue: CGC Test Income, Miscellaneous Income	
Part I - Line 16 Other Expenses: Administrative Expenses, Bank Charges, Equipment Purchase and R	enair Insurance Membershin Expense
ture Ente to Other Experience. Administrative Experience, Solin Other September 1 distribute and N	- Laponso,
Miscellaneous	
	·
	······