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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities 201**2**

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending July 1 June 30 20 B Check if applicable C Name of organization D Employer identification number Address change Suburban Dog Training Club Inc. 23-2180641 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 1011 East Willow Grove Avenue Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Wyndmore, PA 19038 ✓ Cash Accrual G Accounting Method: Other (specify) ▶ H Check ► ✓ if the organization is not I Website: ▶ required to attach Schedule B 527 (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 87412 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \square Contributions, gifts, grants, and similar amounts received 251 2 2 Program service revenue including government fees and contracts 51748 3 3 29554 4 4 31 5a Gross amount from sale of assets other than inventory 5a 3218 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 3218 SCANNED AUG 2 3 2013 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 220 Gross income from fundraising events (not including \$ 2305 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events . . . 2405 Ы Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 120 Gross sales of inventory, less returns and allowances . 7a 40 Less: cost of goods sold 7b O Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 40 Other revenue (describe in Schedule O) . . R 8 45 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 85007 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Expenses 12 13 Professional fees and other payments to independent contra 13 42704 14 Occupancy, rent, utilities, and maintenance . . . 14 27572 7 2013 15 Printing, publications, postage, and shipping . . . AUG 0 15 16 Other expenses (describe in Schedule O) . 16 7318 17 Total expenses. Add lines 10 through 16 . 17 77594 Excess or (deficit) for the year (Subtract line 17 from line 9) UGDEN 18 18 7413 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must-agree with 19 end-of-year figure reported on prior year's return) 19 24158 20 Other changes in net assets or fund balances (explain in Schedule O) . 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat No 106421

Form **990-EZ** (2012)

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21

Pa	Balance Sheets (see the instructions			D		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			24158	· 	3157°
23	Land and buildings			24130	23	3137
24	Other assets (describe in Schedule O)				24	
25	Total assets			24158		31571
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			24158	27	31571
Par						Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗌	(Requ	ured for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as n	ribe the organization's program service accompling in a clear and concise in the control of the	nanner, describe th	of its three largest per services provide	orogram services, d, the number of	4947	(a)(1) trusts, optional hers)
28	Obedience classes for training dogs and their handl	` `	anners and neighbor	liness		n
					1	
	(Grants \$) If this amount	t ıncludes foreign gr	ante chack hara		28a	7007
29	Demonstration of dog obedience at schools and ser				200	70276
	(Grants \$) If this amount	includes foreign gr	ants, check here .	▶ □	29a	1
30	Visitations at nursing homes and medical facilities f				1	
		t includes foreign gra		<u></u> ▶_□	30a	
31	Other program services (describe in Schedule O)				l	
32	(Grants \$) If this amount Total program service expenses (add lines 28a	tincludes foreign gra	ants, check here .	<u> </u>	31a	
Par					32	70276
1 (2)	Check if the organization used Schedule					
	Orlean Title Organization asea Generalic		(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		ot	Estimated amount of her compensation
Barb	ara Jennings	-		-		
21 A	alea Circle, Lafayette Hill, PA 19444	President	0.0	0.0	00	0.00
	ou Ryan	_				
	eakel Avenue, Erdenheim, PA 19038	Vice-President	0.0	0.0	00	0.00
Ken		- _				
	ast Mill Road, Flourtown, PA 19031	Treasurer	0.0	0.0	00	0.00
	Krupp Line Lexington Road, Hatfield, PA 19440	- Constant	0.00			0.00
LLLJ	Line Lexington Road, Hatheld, FA 19440	Secretary	0.0	0.0	JU	0.00
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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie .	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the expenience engage in any experience activity not provide the reported to the IDSS If "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		-
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N \dots	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations Enter. Initiation fees and capital contributions included on line 9			
	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 ▶			İ
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		1
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	ŀ		
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		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ►			
ь	Located at ► 1101 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 over	19	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	Did the consideration and the control of the contro		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	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		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>√</u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	1
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	438		Y
	Form 990-EZ (see instructions)	45b		✓

Form 99	10-EZ (2	012)						F	age 4
								Yes	No
46	Did t	he organization engage, directly or in ndidates for public office? If "Yes," o	iairectiy, in political c	ampaign activities	on behalf of	of or in opposit	tion		,
Part		Section 501(c)(3) organizations		, raiti			46	L	✓_
rart	VΙ	All section 501(c)(3) organization		stions 47_49b ar	nd 52 and	complete th	a tables f	or lin	00
		50 and 51	s must answer que	3110113 47 -43D ai	iu 52, and	Complete th	e lables i	Or III I	es
		Check if the organization used Sci	hadula O to respond	I to any guestion i	n thic Part	M			П
		Officer if the organization used Sci	riedule O to respond	to any question	III UIIS Fait	VI	<u>· · · · · · · · · · · · · · · · · · · </u>	Voc	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax					NO			
	year? If "Yes," complete Schedule C, Part II					<u> </u>	✓		
48							. 48	ļ	✓
49a							_		
ь		es," was the related organization a se			· · · ·		49b		<u> </u>
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"							
	empi	oyees) who each received more than	1 \$ 100,000 of comper	isation from the or	-		e, enter "N	ione	
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, sions to employee ans, and deferred mpensation	(e) Estimate other com		
None					-				
None						1			
-									
-	-								
						}			
		·							
f	Total	number of other employees paid ov	er \$100,000	>					
51	Com	plete this table for the organization'	s five highest compe	ensated independe	ent contrac	tors who each	received	more	than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."					
(a)	Name a	and address of each independent contractor pa	id more than \$100,000	(b) Type of	service	(c)	Compensati	on	
None									
		·				ł			
				L		l			
a		number of other independent contra	•		.▶				
52		Did the organization complete Schedule A? Note : All section 501(c)(3) organizations and 4947(a)(1)							
		xempt charitable trusts must attach					► ☐ Yes		
		of perjury, I declare that I have examined this in decomplete Declaration of preparer (other than					nowledge and	l belief,	rt is
	T	Masulan Kalan (leunust 2013							3
Sign		Signature of officer		2		Date //			
Here	MARNILOW RUAN, VICE PRESIDENT								
		Type or print dame and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Prep	arer		1			self-emplo			
Use (Firm's name ▶				Firm's EIN ▶			
U36 (Unity	Firm's address ▶				Phone no			
May the IRS discuss this return with the preparer shown above? See instructions				nstructions	<u> </u>		► ☐ Yes		No

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number **Suburban Dog Training Club Inc** 23-2180641 Part 1' - Line 8 Other Revenue - CGC Test Income, Miscellaneous Income Part 1 - Line 16 Other Expenses - Administration Expenses, Education, Holiday Party, Insurance, Membership Expense, Miscellaneous Expense

Schedule O (Form 990 or 990-EZ) (2012)	Page 2					
Name of the organization	Employer identification number					
1						
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