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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 private foundations)

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

20 Other changes in net assets or fund balances (explain in Schedule O)	A F	or the	2016 calenda	ar year, or tax year beginning	July 1	<u>, 201</u> 6, a	and ending	J	une 30	, 20	17	
Number and street (or P O box, f mail is not delivered to street address) Room/suite E Telephone number Institution Professional professio	B	Check if ap	applicable C Name of organization					D Empl	oyer ider	ntification number	er	
Number and street for P O box, if mails not delivered to street address) Reconvisuate Fort admirater mentaled For	<u>□</u> .	Address ci	hange	Suburban Dog Training Club Inc.					23-2180641			
Final authorithermated Giver forws, state or province, country, and 2IP or foreign postal code F Group Exemption Number Manipulation Clash Accrual Other (specify)		Name chai	nge									
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According Method	=			Wyndmore PA 19038					•			
Website; Variety Var	_			Check	- 7 s	the organization	is not					
Tax-exempt status (check only one)			-				 '				i is not	
K Form of organization: Corporation	-			eck only one) - \(\sum_{501(c)(3)} \(\sum_{501(c)}() \)	4) ◀ (insert no.) □	4947(a)(1) or		•				
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	_							· · · · · · · ·				
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Cat No 10642I



Form !	990-EZ (2016)					Page 2
Pai	Balance Sheets (see the instructions f	or Part II)			-	
·	Check if the organization used Schedule		v auestion in this	Part II	_	\square
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			39,288	22	28,339
23	Land and buildings				23	20,000
24	Other assets (describe in Schedule O)			.	24	
25	Total assets			39,288		28,338
26	Total liabilities (describe in Schedule O)			33,200	26	20,000
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	39,288		28,339
_	Statement of Program Service Accom					20,000
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	<u> </u>	, , , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			uired for section
			ita thras largest i			c)(3) and 501(c)(4) nizations, optional for
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m	anner, describe the			othe	
perso	ons benefited, and other relevant information for ea Obedience classes for training dogs and their handle		nners and neighbor	rliness		
	Obedience classes for during dogs and dien market					
	(Grants \$) If this amount	includes foreign gra	nte check here		28a	02.415
20					20a	93,415
29	Demonstration of dog obedience at schools and sen	ior citizen centers				
					}	
	(Grants \$) If this amount	ıncludes foreign gra	nto chock boro		29a	
20					250	
30	Visitations at nursing homes and medical facilities for	or pet therapy				
	(Cranto \$) If this amount	ıncludes foreign gra	inte chack hara		30a	
24	(Grants \$) If this amount Other program services (describe in Schedule O)				304	<u> </u>
31		includes foreign gra			31a	
20	(Grants \$) If this amount Total program service expenses (add lines 28a				32	
	t IV List of Officers, Directors, Trustees, and Key					1 00,
rai	Check if the organization used Schedule					
-	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.	Ť	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-			other compensation
			(ii not para) cincir o	, adiana dompondula		
	Neff, President					,
	East Mill Road, Flourtown, PA 19031	25		0	0	
	ara Jennings, Vice-President	4				
	zelea Circle, Lafayette Hill, PA 19444	25		0	0	
	ara Chambers, Treasurer	-				
	Gilpin Road, Wilow Grove, PA 19090	3		0	0	
	Louise Friedberger, Secretary					
<u>617 l</u>	Naomi Street, Philadelphia, PA 19144	3		0	0	
					_	
		.]				
					1	
		<u> </u>			\perp	

Part				
<u> </u>	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO ✓
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		→
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)?	35a		▼
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		▼
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	36	,	1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Out the organization file Form 1120-POL for this year? 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?			✓ - -
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			i
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	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	190	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	1
	If "Yes," enter the name of the foreign country: ▶			_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	l	<u> </u>
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		ا .	► ∐
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
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		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	-	V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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 Form 990-EZ (see instructions)	45b		-

orm 99	Ô-EZ (2016)					F	Page 4
						Yes	No
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political c	ampaign activities on	behalf of or in opposi	tion 📜	. Tan	
Part			, raiti	· · · · · · ·	. 46	ــــــــــــــــــــــــــــــــــــــ	✓
art	All section 501(c)(3) organization		stions 47–49b and	52 and complete th	e tables i	for lin	es
	50 and 51.	io iliano aliano il quo		2, and 99 mp 10 to th	,		-
	Check if the organization used So	hedule O to respond	to any question in the	nis Part VI			. \square
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	-	tax . 47		1
48	Is the organization a school as described	ın section 170(b)(1)(A)(ı	i)? If "Yes," complete \$	Schedule E	48		1
49a	Did the organization make any transfers				. 49a		√
b	If "Yes," was the related organization a s				49b		
50	Complete this table for the organization's						
	employees) who each received more tha		T	(d) Health benefits,	ie, enter "i	vone.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee			
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co	mpensa	tion
lone						_	
		<u> </u>					
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		 	 		ļ		
-		-					
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		-			ļ		
f	Total number of other employees paid or	ver \$100,000	. ▶ 0		<u></u>		
51	Complete this table for the organization \$100,000 of compensation from the org			contractors who eac	h received	more	e tha
	(a) Name and business address of each indepen		(b) Type of serv	ice (6	c) Compensa	ion	_
			(-, -,,,				
None			4	ļ			
			1	\			
		***************************************	1	1			
]				
				į			
	T. 17. E. (74. T.)		A 100.000				
d	Total number of other independent contr	-		P	0		
52	Did the organization complete Sched						

Sign Date President Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I if self-employed Paid Preparer Use Only Firm's ElN ▶ Firm's name Firm's address

May the IRS discuss this return with the preparer shown above? See instructions Phone по ► ☐ Yes ☐ No

SCHEDULE O (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.

20**16**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization				Employer identification number
Suburban Dog Training Club II	nc.			23-2180641
Part 1 - Line 8 - Other Revenue	e - None \$0.0			
Part 1 - Line 16 Other Expense	es - Itemized Belo	W		
Administrative Expense	\$500			
Bank Charge	\$160			
Contributions	\$525		·····	
Equipment Expense	\$874			
Instructor Education	\$830		•	
Insurance	\$3,034			
Membership Fee	\$1,464			
Miscellaneous Expense	\$1,694			
Total Part 1 - Line 16	\$9,081			
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