

Return of Organization Exempt From Income Tax

2949303300323

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990 for instructions and the latest information

2017 Open to Public Inspection

<u>A</u> _	For th	e 2017 calendar year, or tax year beginning $10/01/17$, and ending $09/30/1$.8		
В	Check if a	···		D Employer	identification number
	Address o	hange HUNTSVILLE OBEDIENCE TRAINING CLUB			
-	Name cha	Doing business as	Baaria uta	E Telephone	739960
$\overline{\Box}$	Initial retu	Number and street (or P O box if mail is not delivered to street address) P.O. BOX 67	Room/suite		539-8206
	Final retur	· · · · · · · · · · · · · · · · · · ·			
	terminated			G Gross rece	ipts\$ 93,904
	Amended		1	G Gloss lece	ipis
$\overline{\Box}$	Applicatio	n pending CRYSTAL FERRAIUOLO	H(a) Is this a grou	up return for su	bordinates? Yes X No
ىب		CRISIAL FERMATOOLO	H(b) Are all subc	ordinates inclu	ded? Yes No
			1		see instructions)
		npt status 501(c)(3)	1	,	
			ł <u>.</u>		
<u></u>	Website		H(c) Group exen		
			ear of formation	<u> </u>	M State of legal domicile AL
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities			
ce	1	DOG TRAINING ORGANIZATION			
Governance					
ē					
õ	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%	of its net asse	ts	_
જ	1 8	Number of voting members of the governing body (Part VI, line 1a)	50-8A	3	0
es	4 1	Number of independent voting members of the governing body (Part Vote H)	رن ان	4	0
Ϋ́Ξ		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)	<u> je</u>	5	0
Activities &	6 7	Total number of volunteers (estimate if necessary)	, /	6	0
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12 (4)	•	7a	0
		Number of independent voting members of the governing body (Part Ville 14) Fotal number of individuals employed in calendar year 2017 (Part V, Inc. 2a) Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7b	0
		\ napp	Prior Year		Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		170	0
ž		Program service revenue (Part VIII, line 2g)	86	690	76,627
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		620	1,755
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10	768	-2,991
	4	Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,248	75,391
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		752	10,582
	1	Benefits paid to or for members (Part IX, column (A), line 4)	· · · ·	-/	0
	1	• • • • • • • • • • • • • • • • • • • •			0
Ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		_	0
xpenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			
_ X		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	4.6	220	EC 014
20億		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,229	56,914
\approx	1	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		981	67,496
2_	19 F	Revenue less expenses Subtract line 18 from line 12		7,267	7,895
% §			Beginning of Curr		End of Year
2 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	20	Total assets (Part X, line 16)	3//	7,575	385,423
Net Assets or U	21	fotal liabilities (Part X, line 26)	2==	234	187
		Net assets or fund balances Subtract line 21 from line 20	377	7,341	385,236
-	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement		t of my know	vledge and belief, it is
tri	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge		
3		austal Consumo		$\Box \Box a$	M9, 2019
/ Sig	ın	Signature of officer		Dete	./ /
He		CRYSTAL FERRAIUOLO TREASU	JRER _		
		Type or print name and title	<u> </u>		
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d \	BRENDA J MORRISON CPA BRENDA J MORRISON CPA	01/07/	19 self-emp	ployed P01233817
	parer	DDENDA I MODDICON CDA DC		rm's EIN	63-1027959
	Only	704 WARD AVE NE			
		. UIDIMCUTTIE NI 25001_2650			256-533-1113
NA	the IC		1 Pr	none no	X Yes No
		S discuss this return with the preparer shown above? (see instructions)		7	Form, 990 (2017)
DAA		ork Reduction Act Notice, see the separate instructions	/	171	(2017)

V

		·	3-0739960	Page 2
	Statement of Program Serv	ice Accomplishments a response or note to any line in t	his Part III	X
	ribe the organization's mission	ra response of note to any line in t	ms r arcm	
DOG TRA	INING ORGANIZATION	1		
2 Did the orga	enization undertake any significant r	program services during the year which wer	e not listed on the	
•	990 or 990-EZ?	rogram services during the year which wer	o not listed on the	Yes X No
	scribe these new services on Sched			
-	anization cease conducting, or make	e significant changes in how it conducts, an	y program	Yes X No
services? If "Yes." des	scribe these changes on Schedule (les 🔼 No
	_	complishments for each of its three largest	program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) orga penses, and revenue, if any, for eac	inizations are required to report the amount h program service reported	t of grants and allocations to others,	
4a (Code) (Expenses \$	17,469 including grants of \$) (Revenue \$	<u> </u>
		IALS FOR BENEFIT OF M		,
				•
4b (Code) (Expenses \$	6,000 including grants of \$	6,000) (Revenue \$)
AUBURN :	SCHOLARSHIP FOR VI	ETERINARY SCHOOL		
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
(5555) (unponess +		, (= = = +	,
4d Other progra (Expenses	am services (Describe in Schedule (\$ 44,027 inclu	O) Iding grants of \$ 4,582) (Revenue \$)
	m service expenses	67,496) (Indecide #	
IAA				Form 990 (2017)





Part IV.

HUNTSVILLE	OBEDIENCE	TRAINING	CLUB	63-0739960	 Page 3
hacklist of Regu	ired Schedules				

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 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, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII. lines 1c and 8a? If "Yes." complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
b	, , , , , , , , , , , , , , , , , , ,	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	•	24c		
А	- to become any ten enemps and a	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
h	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 990-EZ?			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
L 1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	· · · · · · · · · · · · · · · · · · ·	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	·	28b		X
_	05/1003/10 2,1 0.1.11	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
32	-	32		x
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		x
_	or IV, and Part V, line 1	34		X
		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ا ءد		
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	,		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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,	<u>, </u>		v
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			v
	19? Note All Form 990 filers are required to complete Schedule O	38		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X За Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 4 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 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? 7¢ If "Yes," indicate the number of Forms 8282 filed during the year 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g . h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a is the organization licensed to issue qualified health plans in more than one state? Note See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2017) HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960

Page 6 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with \mathbf{x} 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records P.O. BOX 67 CRYSTAL FERRAIUOLO

AL 35749

HARVEST

Form 000 (2017)	HUNTSVILLE	OBEDIENCE	TRATNING	CLUB	63-0739960
FORM 990 (2017)	HOMISATHE		TIMITIA	CHOD	05 0755500

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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
- 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, if any 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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21033-11130)	organization and related organizations
(1) TOM JOHNS									-	
	0.00								_	_
PRESIDENT	0.00	 	<u> </u>	X	_	\vdash		0	0	0
(2) KAREN STEWART	0.00									
V DDECTDENM	0.00			x				o	0	0
V-PRESIDENT (3) CRYSTAL FERRAIUC		+		^		\vdash		0		
(3) CRIBIAN PERCENTOR	0.00									
TREASURER	0.00			x				o	0	0
(4) LINDA HALL	0.00	†								
(,,	0.00									
SECRETARY	0.00			X				0	0	0
(5)										
(6)										
(7)					<u> </u>					
(8)				_						
(9)							_			
(10)									<u> </u>	
(11)										
DAA										Form 990 (2017)

	1 990 (2017) HONISVILL									15.00				age
<u> Pa</u>	Irt VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(d	o not o	Pos check ess pe	C) sition more erson	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estima amoun othe mpens from t	ted t of r ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-2 1033-11100)	oi a	rganiza ind rela ganiza	ation ated	
						ı					·			
			-											-=
								- · ·						
	Sub-total Sub-total													
c	Total from continuation she	ets to Part VII, \$	Secti	ion A	4			•						
d 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				those	e list	ed at	ove	e) who received more than \$	1 \$100,000 of	l			
3	Did the organization list any fo	,			rusta	e k	ev er	nnlo	ovee or highest compensate	ed			Yes	No
	employee on line 1a? If "Yes," For any individual listed on line	complete Sched	lule .	for.	such	ındı	vidua	3/			-	3	:	X
4	organization and related organ	nizations greater	than	\$15	0,00	0? <i>II</i>	"Yes	," co	omplete Schedule J for suc	h	-	4		X
5	individual Did any person listed on line 1									individual	-			
Sect	for services rendered to the or tion B. Independent Contractor		es,"	comp	olete	Sch	edule	e J f	for such person			5		X
1	Complete this table for your five compensation from the organization	e highest compe	nsat	ed in	ndep	ende	ent co	ontra	actors that received more th	nan \$100,000 of	ar			
		(A) business address	прс	1134		0		<u> </u>	Descrip	(B) strong of services		Co	(C) mpensat	tion
										-				
									-					
2	Total number of independent of								e listed above) who	0			•	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue (A) Total revenue exempt function business excluded from tax revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f 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 68,178 68,178 TRAINING SESSIONS 2a 8,449 8,449 DUES f All other program service revenue 76,627 g Total. Add lines 2a-2f \blacktriangleright Investment income (including dividends, interest, 1,755 1,755 and 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) ▶ Net rental income or (loss) 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 \triangleright 10a Gross sales of inventory, less 14,508 returns and allowances 18,513 b b Less cost of goods sold -4,005-4,005c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 821 821 11a MISCELLANEOUS 193 193 CREDIT CARD CASH BACK b ¢ d All other revenue 1,014 Total, Add lines 11a-11d 75,391 75,391 0 Total revenue. See instructions

| Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c			plete column (A)	
	Check if Schedule O contains a resp				
	ot 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 domestic organizations	10,582	10,582		, .
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic	10,002	20/302		
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			-	
-	organizations, foreign governments, and foreign				
	individuals 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 accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management Legal				
	Accounting	300	300	<u> </u>	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	•			
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,625	1,625		
13	Office expenses	456	456		
14	Information technology				
15	Royalties	01 075	01 075		
16	Occupancy	21,975	21,975		
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				1
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,156	4,156		
23	Insurance	5,559	5,559		
24	Other expenses Itemize expenses not covered			7	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	44.00	4 6 6		
а	TRAINING COUNCIL	11,912	11,912		
b	MEMBERSHIP & HOSPITALITY	5,557	5,557		
C	OFFICE SUPPLIES	4,775	<u>4,775</u> 547	·	
d	BOARD OF DIRECTORS	54 /	54 /		-
	All other expenses	67,496	67,496		0
<u>25</u> 26	Joint costs Complete this line only if the	01,490	01,490		
-•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_			
	following SOP 98-2 (ASC 958-720)				

Form 990 (2017) **Balance Sheet** Part X, Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 38,216 57,841 1 Cash-non-interest bearing 181,090 212,700 2 2 Savings and temporary cash investments Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8,926 8,907 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 343,144 other basis Complete Part VI of Schedule D 217,563 129,737 125,581 10c b Less accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 377,575 385,423 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 234 187 25 of Schedule D 234 187 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 377,341 385,236 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 385,423 Form 990 (2017)

385,236

32

33

377,341

377,575

33

32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

-orm	1 990 (2017) HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960			<u>Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				بلل
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>		<u>496</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>895</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	<u>77,:</u>	<u>341</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses '	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		1		
	33, column (B))	10	3!	85,2	<u> 236</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		' .	.	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		.	7 4	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		مر.	. , \	. 1
	reviewed on a separate basis, consolidated basis, or both			.;'	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		10.		1
	separate basis, consolidated basis, or both		Ş -	٠ ٠	'
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		لنا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			.	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			,	
	Schedule O			<u> </u>	أنسا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ţ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		_	For	m 990	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990

OMB No 1545-0047 2017

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	or the organization		Linployer	
H	UNTSVILLE OBEDIENCE TRAINING CLUB		63-0	739960
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I	nds or Other Similar Funds or A	Account	s.
	Complete if the organization answered Tes on t	(a) Donor advised funds	(b)	Funds and other accounts
_		(a) DONOF advised fullus		Trains and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	1		
5	Did the organization inform all donors and donor advisors in writing that			
	funds are the organization's property, subject to the organization's exclu-	<u> </u>		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v			
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all th <u>at</u> apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a consen	vati <u>on</u>	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inclu	ıded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	on during t	he
	tax year ▶			
4	Number of states where property subject to conservation easement is lo	ocated >		
5	Does the organization have a written policy regarding the periodic monit	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ea	sements d	uring the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easeme	ents during	the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statement,	and	
	balance sheet, and include, if applicable, the text of the footnote to the o	organization's financial statements that des	scribes the	
	organization's accounting for conservation easements			
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	Historical Treasures, or Other S Form 990, Part IV, line 8	Similar <i>I</i>	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and ba	lance shee	et
	works of art, historical treasures, or other similar assets held for public e			
	public service, provide, in Part XIII, the text of the footnote to its financia			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		ce sheet	
-	works of art, historical treasures, or other similar assets held for public e			
	public service, provide the following amounts relating to these items			
	(i) Revenue included on 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, prov	ide the	
-	following amounts required to be reported under SFAS 116 (ASC 958) r			
а	Revenue included on Form 990, Part VIII, line 1		•	\$
	Assets included in Form 990. Part X		•	\$

Sche		LE OBEDIENC					739960	Page 2
P	art III ⊨ Organizations Maintaini							ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	s, check any	of the follow	wing that ar	e a signific	ant use of its	
а	Public exhibition	d 🗌	Loan or exc	change prog	rams			
b	Scholarly research	е 🦳	Other					
С	Preservation for future generations	_						
4	Provide a description of the organization's	collections and explain	n how they fu	urther the or	ganızatıon's	exempt p	urpose in Part	
	XIII							
5	During the year, did the organization solicit	or receive donations of	of art, histori	cal treasure	s, or other s	sımılar		
	assets to be sold to raise funds rather than		art of the or	ganızatıon's	collection?			Yes No
Pa	art IV Escrow and Custodial A			000 B		_	1 1	
	Complete if the organization	on answered "Yes	on Form	n 990, Par	t IV, line	9, or rep	orted an amou	int on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for conti	ributions or o	other assets	s not		
	included on Form 990, Part X?							∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XI	il and complete the fol	lowing table	•			[A
							 	Amount
	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
	Ending balance						1f	
	Did the organization include an amount on							∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XII	Check here if the ex	planation ha	as been prov	vided on Pa	ırt XIII		
į. Pa	art V Endowment Funds.		" -	- 000 D	411/1	40		
-	Complete if the organization							
		(a) Current year	(b) Pric	or year	(c) Two ye	ars back	(d) Three years ba	ck (e) Four years back
	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses			-				
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	•		L					<u></u>
2	Provide the estimated percentage of the cu	rrent year end balance	e (line 1g, co	olumn (a)) he	eld as			
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ► %)						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%						
3a	Are there endowment funds not in the poss	ession of the organiza	ition that are	held and a	dministered	for the		
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(iı)
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requir	red on Sche	dule R?				3b
_4	Describe in Part XIII the intended uses of the		wment fund	s				
Pa	art VI Land, Buildings, and Eq							
	Complete if the organization					1	1	
	Description of property	(a) Cost or other i	1	(b) Cost or ot		1 ''	Accumulated	(d) Book value
		(investment)		(other	•	ļ	epreciation	40.010
1a	Land				16,949	<u> </u>		46,949
b	Buildings				_			
С	Leasehold improvements							
d	Equipment					 		=
	Other				96,195	L	217,563	78,632
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column ((B), line 10c)			125,581

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Schedule D (Fo	orm 990) 2017 HUNTSVILLE OBEDIENCE	TRAINING CLUB	63-0739960	Page :
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial d				
· ·	ld equity interests		 	
(3) Other				
(A)				·
(B)	•			
(C)			<u> </u>	
(D)				
(E)				
(F)				
(G)				·
(H)	(h) must aqual Form 000. Part V. cal. (P) line 12 1			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related.			
[Fait VIII]	Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) description of investment	(b) Book value	Cost or end-of-year	
(1)			· · · · · · · · · · · · · · · · · · ·	
(1) (2)				
(3)				
(4)				
(5)		-		
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d See Form 990, P	art X, line 15
	(a) Description			(b) Book value
(1)			•	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2) SALES	TAX LIABILITY	187		
(3)		ļ		
(4)				
(5)		1		
(6)		ļ <u> </u>		•
(7)				d ₁
(8)				
(9)		187		٠,٠
Lotal (Column	(h) must equal Form 990 Part Y col. (R) line 25.)	1 1871		· ·

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 HUNTSVILLE OBEDIENCE TRAINING	CLUB	63-073996	0	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Ret	lurn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a		, }	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants ·	2c			
d	Other (Describe in Part XIII)	2d			
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	4a		. l.	
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b		ļ	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			leturn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line	12a		
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	1 1		. 1	
а	Donated services and use of facilities	2a		.	
b	Prior year adjustments	2b		,	
С	Other losses	2c			
d	Other (Describe in Part XIII)	_2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1 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	4a		T _{grad}	
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2017 HUNTSVILLE OBEDIENCE TRAINING CLUB 63-0739960

Part XIII | Supplemental Information (continued)

Schedule D (Form 990) 2017

Page 5

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

HUNTSVILLE OBEDIENCE TRAINING CLUB

2017	Open to Public	Inspection

Employer Identification number

63-0739960

% X (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 6,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization or government (1) AUBURN SCHOLASHIP Part Part II 8 6) <u>3</u> 9 9 3 ල 3

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 63-0739960 Schedule I (Form 990) (2017) HUNTSVILLE OBEDIENCE TRAINING CLUB
Part III Grants and Other Assistance to Domestic Individuals. Complete if

Page 2

	Part III can be duplicated if additional space is needed	onal space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	•
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional	nformation

a

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

HUNTSVILLE OBEDIENCE TRAINING CLUB

63-0739960

Form 990, Part III, Line 4d - All Other Accomplishment TRAINING SESSIONS AND TRIALS FOR BENEFIT OF MEMBERS

Form 990, Part VI, Line 11b - 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