

Return of Organization Exempt From Income Tax
 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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE PET PROFESSIONAL GUILD Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9152 KENTON ROAD City or town, state or province, country, and ZIP or foreign postal code WESLEY CHAPEL FL 33545			D Employer identification number 38-3900303
	E Telephone number (850) 625-1097			
	F Name and address of principal officer: RICHARD INGRAM 9152 KENTON ROAD WESLEY CHAPEL FL 33545			
	G Gross receipts \$ 463,208.			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input checked="" type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: ▶ N/A			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2013 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Association for Force Free Pet Training Held events, webinars and other training resources available and expanded membership base</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	81,674.	69,882.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,061.	393,326.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,735.	463,208.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	119,023.	354,272.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	119,023.	354,272.	
19	Revenue less expenses. Subtract line 18 from line 12	29,712.	108,936.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	34,346.	146,703.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,129.	5,550.
			32,217.	141,153.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date 08/15/16
	Type or print name and title. RICHARD INGRAM VICE PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name: Tracy Lemon, CPA
	Preparer's signature: <i>Tracy Lemon</i> Date: 08/15/16
	Firm's name: TRACY L LEMON, CPA, PA
	Firm's address: 37751 MERIDIAN AVENUE DADE CITY FL 33525
	Check <input type="checkbox"/> if self-employed PTIN: P00341427 Firm's EIN ▶ 20-3504789 Phone no. (352) 523-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No