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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

АГ	or the	2009 calenda	ir year,	or tax year beginning , 2009, and e	numy	_			
The last					oyer identification number				
Address change use IRS label or			label or	Mt. Nittany Dog Training Club		25-1312979			
Name change			print or	Number and street (or P O box, if mail is not delivered to street address) Room	n/suite	E Teleph	Telephone number		
=	nıtıal retu Ferminate		type. See	PO Box 315		814-364-1296			
Ħ	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4		F Grou	р Ехеі	nptio	n
=			tions.	Boalsburg, PA 16827	1	Num	mber ▶		
=	• Sect	tion 501(c)(3)	ornaniz	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accour	ntına Me	thod:	7	Cash Accrual
	- 000		-	ppleted Schedule A (Form 990 or 990-EZ).		specify)		_	
				· · · · · · · · · · · · · · · · · ·				rgani	zation is not
	/ohoit	e; ► www.	mndtc	1			if the organization is <b>not</b> tach Schedule B (Form 990,		
				lly one) — ✓ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527		z, or 990		, i i c c c c	10 B (1 01111 000,
								vo the	
	heck		_	ation is not a section 509(a)(3) supporting organization <b>and</b> its gross rece urn is not required, but if the organization chooses to file a return, be su					an \$25,000. A
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of			<u> </u>	uiii	
	art I			enses, and Changes in Net Assets or Fund Balances (			tions	for	Part I \
								, 101	0
	1			s, grants, and similar amounts received			1		66,887
	2			evenue including government fees and contracts		}	2		<del></del>
	3	Membershi	ip dues	and assessments			3		2,145
	4	Investment		1 1			4		562
	5a	Gross amo	unt fro	n sale of assets other than inventory 5a					
	b			r basis and sales expenses					
4	С			sale of assets other than inventory (Subtract line 5b from line 5a			5c		
ž	6	Special events	s and act	vities (complete applicable parts of Schedule G). If any amount is from gaming, cl	heck here	• 📙			
Revenue	а	Gross reve	nue (no	t including \$ of contributions					
Re		reported or	n line 1						
	b	Less: direct	t exper	ses other than fundraising expenses 6b			-		
	С								
	7a	· · · · · · · · · · · · · · · · · · ·					1		
	b	Less: cost	of good	is sold					
	С								
	8						8		
	9	Total rever	nue. Ad	ld lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. ▶	9		69,594
	10	Grants and	simıla	amounts paid (attach schedule)		<u>.</u> . ]	10		11,855
	11	Benefits paid to or for members RECEIVED					11		0
S	12	Salaries, ot	her co	mpensation, and employee benefits			12		0
penses	13	Professiona	al fees	and other payments to independent contractors	2010	ξ} .	13		0
	14	Occupancy	, rent,	utilities, and maintenance	2010 [5	시 . L	14		2,541
Ä	15	Printing, pu	ublication	ons, postage, and shipping		ś  . L	15		584
	16	Other expe	nses (d	escribe ► OGDEN,	IT	<u> </u>	16		51,092
	17	Total expe	nses.	Add lines 10 through 16		لب	17		66,072
	18			for the year (Subtract line 17 from line 9)		[	18		3,522
set	19	Net assets	or fun	d balances at beginning of year (from line 27, column (A)) (mu	st agree	with			
Net Assets		end-of-year figure reported on prior year's return)					19		93,466
	20	Other chan	Other changes in net assets or fund balances (attach explanation)			[	20		0
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21		96,988
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-							Form 990-EZ.		
	_	(See the instructions for Part II.)  (A) Beginning				nning of	year		(B) End of year
22	Ca	Cash, savings, and investments			36	5,573	22	38,743	
23						0	23	0	
24					56	,893	24	58,245	
25					93	,466	25	96,988	
26	_ <del></del>					0	26	0	
27				alances (line 27 of column (B) must agree with line 21)		93	,466	27	96,988
					Cat No 106	5421		Forr	n <b>990-EZ</b> (2009)

-orm	990-EZ (2009)					¹ºage ∡
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1)		Expenses
	it is the organization's primary exempt purpose?					uired for section
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						c)(3) and 501(c)(4) nizations and section
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional
each 	program title.				for of	hers)
28	Dog training classes - responsible dog ownership, t	raining for competition & ple	asure, improving de	og/human		
	relationship, workshops to practice skills					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	<u>. ▶ □</u>	28a	6,409
29	AKC events - provide goals & recreation for dog ow	ners, spectators (incentive &	recreation observi	ng	1	
	these events)					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ □	29a	39,427
30	Public education - K9 Karnival, demonstrating skills	, informing public abut breed	ls, rescue, care, trai	ining		
	responsibility (also printed in newspaper & on webs	ite)				
					1	
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	2,937
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □_	31a	
32	Total program service expenses (add lines 28a				32	48,773
	t IV List of Officers, Directors, Trustees, and Key				ınstruc	tions for Part IV.)
	(a) Nierra and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe	nsation	account and other allowances
Trac	ey Dooms					
2411	Park Centre Blvd., State College, PA 16801	President - 2-3 hrs	0		0	0
Kim	Blyler					
	30x 32, Millmont, PA 17845-0032	Vice-President - 1-2 hrs	0		0	0
Mela	inie Eng					
	Box 94, Pine Grove Mills, PA 16868	Secretary - 2 hrs	0		0	0
	Joan Huay					
	Huey Lane, Spring Mills, PA 16875	Treasurer - 3 hrs	0		0	0
-	ard Olsen	<del> </del>				
	Stone Barn Lane, Boalsburg, PA 16827	Board - 1 hr	o		0	0
	n Keller					
	Box 343, Centre Hall, PA 16828	Board - 1 hr	0		0	0
	erta Horner			_	<u>`</u>	
	S. Danielle Dr., Pleasant Gap, PA 16823	Board - 1 hr	o		0	0
	g Bohren				<u>_</u>	
	Box 887, Boalsburg, PA 16827	Board - 1 hr	n		0	0
				<del></del>		
						•
						·
			<del> </del>	<del></del>		<del></del> _
	· . <del> </del>					
<b>-</b>			<u>'</u>			
		<u> </u>				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	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, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
		$\vdash$		
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
		36		
37a	Effect amount of political experiences, and of infances, as described in the instructional in	276		./
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<u> </u>
38a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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 is it 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? If "Yes," complete Schedule L, Part I	40b		1
	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			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e	l	_ ✓
41	List the states with which a copy of this return is filed	14.4.26	4-129	<u> </u>
42a	The organization of books are in early of the state of th		375	·
<b>L</b> .				
D	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)?	40h	163	/
	,	42b		<b>-</b>
	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 of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		o
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<del></del>	<del>                                     </del>	<b>-</b>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

candidates for public office? If "Yes," complete Schedule C, Part I  46 47 48 48 49a 49a 49a 49a 50 60 60 60 60 60 60 60 60 60 60 60 60 60	b
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 Did the organization make any transfers to an exempt non-charitable related organization?  49a If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees are employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more hours per week devoted to position  (b) Trite and average hours per week devoted to position  (c) Compensation (c) Compensation (c) Compensation (d) Contributions to the railow.  (d) Compensation (e) C	No
If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees are employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Title and average hours per week devoted to position  (c) Compensation (d) Contributions to employee benefit plans & deferred compensation of the employee benefit plans & deferred compensation	
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation of their allows.  f Total number of other employees paid over \$100,000	
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."	nse and
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."	
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."	
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."	
	than
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compension	ation
d Total number of other independent contractors each receiving over \$100,000 . ▶	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl 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	edge →
Here    Signature of officer   5/4/10     Signature of officer   Date     Type or print name and title	
Paid Preparer's signature Preparer's Firm's name (or  Preparer's ldentifying number (See instruction of self-employed ▶ □  Preparer's signature Firm's name (or  EIN ▶	tions)
Use Only yours if self-employed), address, and ZIP + 4 Phone no ▶	<b>No</b>

## Mt. Nittany Dog Training Club

## **Donations**

St. Paul Lutheran Church	\$ 350.00
Penn State University	10,000.00
Nittany Greyhound Rescue	45.00
Beagle 911 Rescue	265.00
AKC Canine Health Foundation	300.00
Rabies Challenge Fund	500.00
Centre County SPCA	20.00
Pets Come First	55.00
Golden Retriever Rescue of Central PA	45.00
Tadpole Lane Therapeutic Riding	100.00
ARPH, Inc.	55.00
Happy Paws, Happy Homes	45.00
American Belgian Malinois Club Rescue	10.00
Saving Shelter Dogs of Central PA	10.00
Echo Dogs White Shepherd Rescue	10.00
ABMC Charitable Trust	45.00
Total	\$11,855.00