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Form **990-EZ**

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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, 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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	2010 calenda	ar year, or tax year beginning , 2010, and ending		, 20				
В	Check if as	pplicable	C Name of organization D En	Employer identification number					
	Address	change	Mt. Nittany Dog Training Club	25-1312979					
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te	E Telephone number					
닏	Initial retu		PO Box 315	814-364-1296					
님	Terminate		City or town, state or country, and ZIP + 4	Group Exemption					
H	Amended Application	on pending		Number >					
G		ting Method.		k ▶ 🗹	if the organization is not				
	Websit	•	· · · · · · · · · · · · · · · · · · ·	required to attach Schedule B					
J ·	Tax-exer			990, 99	0-EZ, or 990-PF)				
K	Check ▶	▶ ☐ If the	e organization is not a section 509(a)(3) supporting organization and its gross receipts are norma	lly not m	ore than \$50,000. A				
	Form 99		n 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)						
			re to file a complete return.						
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	li,					
line	e 25, col	lumn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ §	;				
E	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uction	s for Part I.)				
		Check if	the organization used Schedule O to respond to any question in this Part I		<u> </u>				
	1	Contributio	ns, gifts, grants, and similar amounts received	1_	0				
	2	Program se	ervice revenue including government-fees and contracts	2	60,984				
	3	Membersh	ip dues and assessments	3	2,330				
	4	Investment	income . $[8]$. MAY 19 2011 . $[8]$	4	384				
	5a	Gross amo	unt from sale of assets other than inventory 5a						
	Ь		or other basis and sales expenses	_]					
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
	6	Gaming an	d fundraising events						
_	а	Gross inc	ome from gaming (attach Schedule G if greater than						
Revenue		\$15,000) .		_					
Ve	b		me from fundraising events (not including \$of contributions						
æ	: [alsing events reported on line 1) (attach Schedule G if the						
		sum of suc	h gross income and contributions exceeds \$15,000) 6b						
	c		t expenses from gaming and fundraising events 6c	_					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t					
		line 6c) .		6d					
	7a		s of inventory, less returns and allowances	_					
	b		of goods sold	┩_					
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8		nue (describe in Schedule O)	8					
Expenses	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,698				
	10		I similar amounts paid (list in Schedule O)	10	6,850				
	111		aid to or for members		0				
	12		ther compensation, and employee benefits						
	13		al fees and other payments to independent contractors		11 267				
	. 14		/, rent, utilities, and maintenance		11,367				
	.•			171 41,514					
	16		enses (describe in Schedule O)		59,902				
	17	Fyeese er	enses. Add lines 10 through 16	18	3,796				
ets:	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		3,790				
SS	'3		r figure reported on prior year's return)		96,988				
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		90,988				
	21		or fund balances at end of year. Combine lines 18 through 20	ļ	100,784				
	1 4 1	1101 000010	or rand balances at end of year, combine lines to unought zo	_ ~ '	100,704				

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)



Pai		for Part II.)					_
	Check if the organization used Schedule	O to respond to any ques	tion in this			· ·	🗸
				(A) Beg	inning of year		(B) End of year
22	Cash, savings, and investments				38,743		36,233
23	Land and buildings					23	0
24	Other assets (describe in Schedule O)				58,245	24	64,551
25	Total assets		[96,988	25	100,784
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21)		96,988	27	100,784
Parl							Expenses
	Check if the organization used Schedule	O to respond to any ques	ition in this	Part II	· 🗆		uired for section
What	t is the organization's primary exempt purpose?	educating public re dog train	ning/care,ho	lding d	og events		c)(3) and 501(c)(4)
Descr	ribe what was achieved in carrying out the organization'						nizations and section (a)(1) trusts, optional
the se	ervices provided, the number of persons benefited, and o	other relevant information for e	ach program	n title.			thers)
28	Dog training classes - responsible dog ownership, tr	aining for competition & plea	sure, impro	ving do	a/human		1
	relationship, workshops to practice skills				·Y		

	(Grants \$) If this amount	includes foreign grants, che	ock here		▶ □	28a	2,838
29	AKC Events - provide goals & recreation for dog own					204	2,000
	these events	iors, spectators (interitive tr			9		
	niese events	•••••					
	(Grants \$) If this amount	includes fereign greats ab-				20-	22.461
20		includes foreign grants, che				29a	33,461
30	Public education - demonstrations, informing public	about breeds, rescue, care, t	raining, res	ponsibi	iity		ļ
	(also printed in newspaper and on website)]
		includes foreign grants, che	eck here .	•	. ▶ ⊔	30a	1,098
	Other program services (describe in Schedule O)						
	(Grants \$) If this amount	includes foreign grants, che	eck here .	<u> </u>	. ▶ 😃	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)			🕨	32	37,397
Part	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not cor	npensat	ted. (see the i		tions for Part IV.)
		Employees. List each one evolution of to respond to any ques	en if not cor tion in this	npensat Part I\	ted. (see the i	nstruc	· · · · 🗀
	List of Officers, Directors, Trustees, and Key	Employees. List each one ev O to respond to any ques (b) Title and average hours per week	en if not cor tion in this (c) Compen (if not pa	npensati Part I\ sation sid,	ted. (see the index of the inde	nstruc ns to plans &	(e) Expense account and
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Part Trace 2411	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address ey Dooms	Employees. List each one ex O to respond to any ques (b) Title and average hours per week devoted to position President - 2-3 hrs	en if not cor tion in this (c) Compen (if not pa	npensati Part I\ sation sid,	ted. (see the index of the inde	nstructures to plans & sation	(e) Expense account and other allowances
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Form 99	0-EZ (2010)		F	age 3
Part	Other Information (Note the statement requirements in the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	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:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	}		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1		
þ	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	401-		✓
		40b		
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			
6	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 ▶ Kathleen Huey Telephone no. ▶	814-36	4-129	6
	Located at ► 145 Huey Lane, Spring Mills, PA ZIP + 4 ►	168	875	
b	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)?	42b	1	1
	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.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
C		720	<u> </u>	
43	If "Yes," enter the name of the foreign country: ► 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 ► 43			▶ 🗀
		_		
			Yes	No
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	110
44a	completed instead of Form 990-EZ			,
		44a	<u> </u>	
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		Ļ✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		↓ ✓
q	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		L

Form 99	0-EZ (2	010)								F	Page 4
								_		Yes	No
45		y related organization a controlled er							45		✓
а		he organization receive any payment									
		ning of section 512(b)(13)? If "Yes," 1990-EZ (see instructions)			ermay 		to be comp	leted instead of	45a		1
46		he organization engage, directly or in					on behalf of	or in opposition	10 a		-
	to ca	andidates for public office? If "Yes,"	comple	ete Schedule C, P	art I	• •			46		1
Part		Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables	on 494	47(a)(1) nonexen	(1) none	xemp table	ot charitabl trusts must	e trusts only. A answer question	all sec ons 4°	tion 7–49	b
		Check if the organization used Sch	nedule	O to respond to	any ques	tion i	n this Part V	1 . <u></u>			<u>. </u>
										Yes	No
47			anization engage in lobbying activities? If "Yes," complete Schedule C, Part II		· · · · ·	47		_			
		e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a b		es," was the related organization a se		•		-			49a 49b		_
50		plete this table for the organization's								es an	d key
		oyees) who each received more than									
	(a) Na	ame and address of each employee paid more	-	(b) Title and av		(c) (Compensation	(d) Contributions to employee benefit plans 8		Exper	
		than \$100,000		devoted to pos				deferred compensation	other allowan		
									 		
		·							1		
f	Total	number of other employees paid over	or \$100	000	<u> </u>				<u> </u>		
51		plete this table for the organization				pende	ent contracto	rs who each rec	eived	more	than
		,000 of compensation from the orga									
		(a) Name and address of each independent co	ontractor	paid more than \$100,0	900		(b) Typ	e of service	(c) Co	mpens	ation
					<u>.</u>						
										·	
d	Total	number of other independent contra	otore e	each receiving over	er \$100.00	20	<u> </u>				
52		he organization complete Schedule A					ons and 4947				
32		xempt charitable trusts must attach] Yes		No
Under p	enalties	of perjury, I declare that I have examined this i	return, in	cluding accompanying	schedules a	ınd stat	ements, and to t	he best of my knowle	dge an	d belief	f, it is
true, cor	rect, an	d complete Declaration of preparer (other than	officer)	is based on all informa	tion of which	n prepa	rer has any knov	vieage			
		1 Start 1 1 1 1 1 5-16-11						5-16-11			
Sign		Solvers	140	ug			<u></u>	Date			
Here		Kathleen K. Huey, Treasurer		U			_	, ato			
		Type or print name and title									
Paid		Print/Type preparer's name	Prepa	rer's signature			Date	Check I if	PTIN		
Prep	arer							self-employed			
Use		. Le i Sirmin EIN N									
		Firm's address ► Phone no S discuss this return with the preparer shown above? See instructions									No
IVINV II	IC: IL/2	CHACHAS THIS TELLITE WITH THE DICUMEN	SIIUW						1 Y 45		INU

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization Mt. Nittany Dog Training Club Employer identification number 25-1312979

Part I, Line 10 Expenses - Grants and similar amounts paid:
Donations to St. Paul Lutheran Church - \$375, Penn State University - \$5035, Cairn Terrier Rescue - \$100, Centre County PAWS - \$165,
PA SPCA - \$40, Beagle 911 Rescue - \$360, Huntingdon Co. Humane Society - \$10, Clearfield Co. SPCA - \$10, Schlerodema Foundation - \$35,
Happy Paws Happy Homes - \$350, AKC Canine Health Foundation - \$350, Rondout Valley Humane Society - \$10, Pets Come First \$10.
Part I, Line 16 - Other Expenses:
Expenses incurred relating to club activities, including insurance premiums
Part II - Line 24 - Other Assets: 2 trailers, dog training equipment