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, 990-EZ

Department of the Treasury

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)

2012

OMB No 1545-1150

Sponsoring 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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending C Name of organization B Check if applicable D Employer identification number Address change Mt. Nittany Dog Training Club **25-1312979** Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return PO Box 315 (814) 364-1296 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Boalsburg, PA 16827 G Accounting Method Other (specify) H Check ► ☑ if the organization is not Website: ► www.mndtc.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **527** K Check > In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 66,150 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1,000 2 Program service revenue including government fees and contracts 2 62,75<u>1</u> 3 3 2,305 4 Investment income 4 94 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances . . . 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 66,150 10 Grants and similar amounts paid (list in Schedule O) 10 6,727 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 9,510 Printing, publications, postage, and shipping . . . 15 15 514 16 Other expenses (describe in Schedule O) 16 42,937 Total expenses. Add lines 10 through 16 17 17 59,689 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 18 6,462 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 104,511 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat No 10642I

21

Form **990-EZ** (2012)

110,973

Par	t II	Balance Sheets (see the instructions	for Part II)				•
		Check if the organization used Schedule	e O to respond to a	ny question in this		·	<u> </u>
				L	(A) Beginning of year		(B) End of year
22	Cast	h, savings, and investments			38,937	22	43,794
23		d and buildings				23	0
24	Othe	er assets (describe in Schedule O)			65,574		67,179
25	Tota	al assets			104,511	25	110,973
26		al liabilities (describe in Schedule O)				26	0
27	Net	assets or fund balances (line 27 of colum	n (B) must agree wit	h line 21)	104,511	27	110,973
Part	Ш	Statement of Program Service Accord					Expenses
		Check if the organization used Schedul	e O to respond to a	ny question in this	Part III 🔲	(Re	equired for section
What	is the	organization's primary exempt purpose?	education public re	dog training/care; ho	lding dog events		1(c)(3) and 501(c)(4)
as m perso	easure ons be	ne organization's program service accomp ed by expenses. In a clear and concise in nefited, and other relevant information for e	manner, describe the each program title.	e services provided	l, the number of	494	panizations and section 47(a)(1) trusts; optional others)
28	Dog tr	aining classes - responsible dog ownership, (training for competition	n & pleasure, improv	ing dog/human		
	relatio	nship, workshops to practice skills					
	(Grant	ts \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	28	a 3566
29		vents - provide goals & recreation for dog ow					
	events						
	CVCIIC	?					
	(Grant	ts \$) If this amoun	t includes foreign gra	ants, check here	▶ 🗆	29	a 33,888
30		education - demonstrations, informing public				<u> </u>	
		printed in newspaper & on website), seminars	•••••				
	<u> </u>	\	A land and a familiar and		.	20	
•	(Grant		t includes foreign gra			30	a 1070
31		program services (describe in Schedule O)					_
	(Grant	ts \$) If this amoun	t includes foreign gra	ants, check here .	<u> P 🖳 </u>	31	
		program service expenses (add lines 28a	through 31a)	<u> </u>		32	
Par	IV	List of Officers, Directors, Trustees, and Ko				stru	ctions for Part IV)
		Check if the organization used Schedul	e O to respond to a		(d) Health benefits,		<u> Ц</u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	- [`	e) Estimated amount of other compensation
Melar	nie Eng	ą, President					
		Pine Grove Mills, PA 16868	2-3 hours	0	o	0	0
		r, Vice President				ĺ	
		, Centre Hall, PA 16828	1-2 hours			0	0
		k, Secretary					
		ding Stone Rd., Huntingdon, PA 16852	2 hours			0	0
		uey, Treasurer					
		ane, Spring Mills, PA 16875	3 hours			0	0
		obs, Board Member					
		le Rd., Pennsylvania Furnace, PA 16865	1 hour			0	0
		mert, Board Member					
		Julian, PA 16844	1 hour)	0	0
		ms, Board Member				T	
		Center Blvd., State College, PA 16801	1 hour)	0	0
		rner, Board Member				Ť	
		elle Dr., Pleasant Gap, PA 16828	1 hour			0	0
						T	
					1	十	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		∨
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	-
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	, 35c		_ * _
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		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			V
а	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: 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 did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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			
е	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 ▶ Roxanne Rishel Telephone no. ▶ 1	314-86	7-5817	7
	Located at ▶ PO Box 594, Lemont, PA ZIP + 4 ▶	168	351	
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 account)?	42b	Yes	No ✓
	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 the U.S.?	42c		✓
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	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		\
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		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	-	√
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		V

Form 99	90-EZ (2	012)						Page	4
						· · · · · ·		Yes No	_
46	Did t	he organization engage, directly or in	directly, in political of	campaign activities	on behalf of or	in oppositio	on [1.00	Ė
		ndidates for public office? If "Yes," c							,
Part		Section 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , 			1 40	<u> </u>	_
L GI C	ш	All section 501(c)(3) organizations		etione 47_49h ar	nd 52 and cor	nnlete the	tahlas f	or lines	
		50 and 51	s iliust aliswei que	53110113 41 -43D ai	id 52, and coi	ilbiete tile	tables i	OI III ICS	
			adula O ta raspan	d to any ayaatian i	n thin Dort \//			r	7
		Check if the organization used Sch	redule O to respond	to any question i	n this Part VI	<u> </u>		L	_
4-	S							Yes No	<u> </u>
47		Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax							
	•	If "Yes," complete Schedule C, Part					47	L	
48		e organization a school as described in							
49a	Did t	he organization make any transfers to	o an exempt non-cha	aritable related orga	inization?		49a		
b		es," was the related organization a se					49b		
50		plete this table for the organization's							ЭУ
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganızatıon. If th	ere is none	, enter "N	lone."	
		Name and Aller &	(b) Average	(c) Reportable	(d) Health				_
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	contributions t			ed amount on pensation	ť
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS	compen		Other Con	ilperisation	
				 					_
				İ					
				+					_
				 					_
									_
					•				
f	Total	number of other employees paid over	er \$100,000	•					Т
51	Com	plete this table for the organization's	s five highest comp	ensated independe	ent contractors	who each	received	more tha	an
•		,000 of compensation from the orga							
						4.1.4	<u> </u>		
(a)	Name a	and address of each independent contractor pai	more than \$100,000 (b) Type		service	(c) (Compensat	ition	
									_
				=					
		· · ·				····			_
				-					
				-			-		_
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d	Tota	I number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
52	Did t	he organization complete Schedule A	A? Note: All section:	501(c)(3) organizatio	ons and 4947(a)	(1)			
	none	xempt charitable trusts must attach a	a completed Schedu	ıle A		<u></u>	Yes 🗌 Yes	S 🗌 No	
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompa	nying schedules and stat	ements, and to the	best of my kno	owledge and	d belief, it is	
true, co	rrect, ar	nd complete Declaration of preparer (other than	officer) is based on all inf	ormation of which prepa	rer has any knowled	lge	_		
Maren K. Sille									_
Sign		Signature of officer			Date	,	_		_
Here	\mathcal{L}					13			
•		Type or print name and title		- 1 40 - 1 4 1		•			_
		Print/Type preparer's name	Preparer's signature		Date		, PTIN		_
Paid		Typo propagor o rigino				Check L self-employ	ed		
Dran	arer	1	i			1			

Preparer

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Fırm's EIN ▶

Phone no

SCHEDULE O (Porm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Mt. Nittany Dog Training Club	<u>25-1312979</u>
Part I, Line 10 Expenses - Grants and Similar Amounts Paid:	
St. Paul Lutheran Church - \$325, Penn State University - \$5,000, Centre County PAWS - \$190, Beagle 9	11 Rescue - \$140,
Happy Paws, Happy Homes - \$10, Pets Come First - \$280, Canine Companions for Independence - \$50,	Am.Belgian Malinois Rescue - \$100,
Harrisburg Sheltie Rescue - \$100, AKC Canine Health Foundation - \$250, Rabies Challenge Fund - \$250), PA Boxer Rescue - \$10,
Centre County Library - \$12, Loudon County Animal Shelter - \$10	
Part I, Line 16 - Other Expenses:	
Expenses Incurred relating to Club Activities, including insurance premiums	
·····	
Part II, Line 24 - Other Assets:	
Two trailers, dog training equipment	
	·····
·····	