

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

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

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2016 calend	ar year, or tax year beginning , 2016, and ending			, 20	
В	Check if a	pplicable	C Name of organization ?	D Emp	loyer id	entification number ?	
	Address of	change	Mt Nittany Dog Training Club		2	251312979	
	Name cha	ange	Number and street (or P.O box, if mail is not delivered to street address)  Room/suite	E Tele	phone n	umber	
	Initial retu	ım	PO Box 315	(814) 571-2777			
님		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption			
=	Amended	retum on pending	Boalsburg, PA 16827		nber 🕨	•	
		ting Method:	أريب والمراجع والمراع				
	Nebsite	•		Check ► ☑ if the organization is no required to attach Schedule B			
				•		ach Schedule B ?	
				(1 01111 3	30, 330	J-LZ, 01 930-FF).	
		organization	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	accate			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	assets	<b>.</b> .		
			<u> </u>	· ·	\$	4 D. 4 N -	
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the				
_	<del> </del>		the organization used Schedule O to respond to any question in this Part I			<u> </u>	
?	1		ons, gifts, grants, and similar amounts received		1		
?	2	-	ervice revenue including government fees and contracts		2	84,794	
?			ip dues and assessments		3	2,862	
?	4	Investmen	tincome		4	31	
	5a	Gross amo	ount from sale of assets other than inventory 5a		] ` ` ]		
	b	Less: cost	or other basis and sales expenses		<u>                                     </u>		
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming ar	d fundraising events		\ · ·		
	а	Gross inc	ome from gaming (attach Schedule G if greater than		3° (ž.)		
e	1	\$15,000) .	6a				
ē	Ь	Gross inco	me from fundraising events (not including \$ of contributions	S	- ( - m)		
Revenue			aising events reported on line 1) (attach Schedule G if the				
	Į		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 sub	tract	1		
	]	line 6c) .			6d		
	7a	•	s of inventory, less returns and allowances   7a	45	<del></del>		
	b		· · · · · · · · · · · · · · · · · · ·	45	1 1		
	ł		<u></u>	45			
	C	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0	
	8		nue (describe in Schedule O)	• •	8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	87,687	
	10		similar amounts paid (list in Schedule O)	• •	10	2,245	
	11	•	aid to or for members		11	<del></del>	
es	12		ther compensation, and employee benefits 2		12		
ens	13		al fees and other payments to independent contractors 2		13	<del></del>	
ts   Expens	14		r, rent, utilities, and maintenance	'	14	8,346	
	15	•	ublications, postage, and shipping		15	588	
	16		nses (describe in Schedule O) 🛛		16	67,612	
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	78,791	
	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)		18	8,896	
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with			
Net Assets			r figure reported on prior year's return)		19	134,306	
e (	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	1	20		
Ž	21		or fund balances at end of year. Combine lines 18 through 20		21	143,202	
For	<del></del>			CF		Form 990-EZ (2016)	
- 01			Oat. 100 10042) T				
			4		<b>.</b>	7 8 7	
			Se M	AY 2	2 201	17 151 /	
			<b> </b> <			<u></u>	

OGDEN, UT

		or Part II)				
Part II	Balance Sheets (see the instructions for					_
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		· · · · · ·
			ļ	<del></del>	+	(B) End of year
	sh, savings, and investments			57,943	+	65,856
	id and buildings				23	
	er assets (describe in Schedule O)		• • • • • • •	76,363	+= +	77,346
	al assets			134,306	+	143,202
	al liabilities (describe in Schedule O)			404.004	26	
	assets or fund balances (line 27 of column	(B) must agree with	1 line 21) [	134,306	2/	143,202
Part III	Statement of Program Service Accomp				]	Expenses
	Check if the organization used Schedule				(Req	uired for section
	e organization's primary exempt purpose?					c)(3) and 501(c)(4)
as measur	he organization's program service accomplis red by expenses. In a clear and concise ma enefited, and other relevant information for ea	anner, describe the	fits three largest per services provided	orogram services, d, the number of	orga	nızatıons, optıonal for rs.)
28 Dog t	raining classes - responsible dog ownership, tr	_ <u></u>				
? (Gran	nts\$ ) If this amount	includes foreign gra	ints, check here .	▶ □	28a	4,914
	ng AKC events - provide goals & recreation for				1	
	rving these events)				}	
					1	1
(Gran	nts\$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗅	29a	49,658
<u> </u>	c education - demonstrations informing public a				1	†
	printed in newspaper and on website), seminars					
(Gran	γt. Φ. \ If this amount				30a	5,35
<del>`</del>	ns a in this amount	includes foreign ara	ints, check here .		Journal	1 5,33
31 Other			ints, check here .		304	5,35
	r program services (describe in Schedule O)					
(Gran	r program services (describe in Schedule O) its \$ ) If this amount	ıncludes foreign gra	nts, check here	<b>▶</b> □	31a 32	
(Gran	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t	ncludes foreign gra hrough 31a)	nts, check here .		31a 32	59,929
(Gran	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees (list each	ants, check here .	ppensated—see the	31a 32	59,920
(Gran	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t	includes foreign gra hrough 31a) . Employees (list each O to respond to a	ants, check here none even if not coming question in this (c) Reportable	ppensated—see the Part IV	31a 32 instruc	59,920 ctions for Part IV)
(Gran	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees (list each	ants, check here  none even if not com  ny question in this	ppensated—see the Part IV	31a 32 instruc	59,920 ctions for Part IV)
(Gran 32 Total Part IV	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week	none even if not commy question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-	ppensated—see the Part IV	31a 32 instruc	59,920 ctions for Part IV)
(Gran 32 Total Part IV	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President	includes foreign gra hrough 31a) .  Employees (list each O to respond to a (b) Average hours per week devoted to position	none even if not commy question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-	pensated—see the Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 instruction	59,920 ctions for Part IV)
(Gran 32 Total Part IV	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	includes foreign gra hrough 31a)	none even if not commy question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-	pensated—see the Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 instruction	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc  Kathleen H	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President  duey, Vice President	includes foreign granthrough 31a)	none even if not commy question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-	pensated—see the Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 instruction	59,92 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc Kathleen H	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President	includes foreign gra hrough 31a) .  Employees (list each O to respond to a (b) Average hours per week devoted to position	nnts, check here n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	pensated—see the Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 instruction	59,92 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc Kathleen H Janet Lewi	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary	includes foreign granthrough 31a)	nnts, check here n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction yee (e)	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc  Kathleen H  Janet Lewi	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President  duey, Vice President	includes foreign granthrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction yee (e)	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc  Kathleen H  Janet Lewi  Lois Albrig	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction yee (e)	59,92 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc  Kathleen H  Janet Lewi  Lois Albrig	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary	includes foreign grathrough 31a)	none even if not comy question in this compensation (Forms W-2/1099-MISG (if not paid, enter -0-	ppensated—see the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compe	31a 32 instruction 00 0	59,92 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc  Kathleen H  Janet Lewi  Lois Albrig	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President  duey, Vice President  is, Secretary ght, Treasurer  zel, Board Member	includes foreign grathrough 31a).  Employees (list each O to respond to a (b) Average hours per week devoted to position 3  2  2  3	none even if not comy question in this compensation (Forms W-2/1099-MISG (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction yee (e)	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc  Kathleen H  Janet Lewi  Lois Albrig	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer	includes foreign grathrough 31a).  Employees (list each O to respond to a (b) Average hours per week devoted to position 3  2  2  3	nnts, check here n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the part of the par	31a 32 instruction 00 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc  Kathleen H  Janet Lewi  Lois Albrig  Howard Et:	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer zel, Board Member  r, Board Member	includes foreign grathrough 31a).  Employees (list each O to respond to a b) Average hours per week devoted to position  3  2  2  3  1	nnts, check here n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compensation of the part IV (d) Health benefits plans, and deferred compe	31a 32 instruction of the state	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc  Kathleen H  Janet Lewi  Lois Albrig  Howard Et:	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President  duey, Vice President  is, Secretary ght, Treasurer  zel, Board Member	includes foreign grathrough 31a).  Employees (list each O to respond to a b) Average hours per week devoted to position  3  2  2  3  1	nnts, check here n one even if not comy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction on o	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a) .  Employees (list each O to respond to a (b) Average hours per week devoted to position 3  2  2  1  1	nnts, check here n one even if not comy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the part of the par	31a 32 instruction of the state	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc  Kathleen H  Janet Lewi  Lois Albrig  Howard Et:  Heldi Miller  Lynn Klees	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer zel, Board Member  r, Board Member	includes foreign grathrough 31a) .  Employees (list each O to respond to a (b) Average hours per week devoted to position 3  2  2  1  1	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction on o	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Fracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heidi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  medy, Board Member  medy, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)
(Gran 32 Total Part IV  Tracey Doc Kathleen H Janet Lewi Lois Albrig Howard Et: Heldi Miller	r program services (describe in Schedule O) hts \$ ) If this amount I program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  oms, President duey, Vice President is, Secretary ght, Treasurer  zel, Board Member  r, Board Member  s, Board Member	includes foreign grathrough 31a)	none even if not coming question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-	ppensated—see the part IV	31a 32 instruction 0 0 0 0	59,920 ctions for Part IV)

1		90-EZ (2016)		P	age 3
	Part	·			_
		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	3 Part	Yes	
	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	res	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 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 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	35b 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  Did the organization file Form 1120-POL for this year?	376	, 1 2	
	ъ 38а	Did the organization line Form 1720-FOE for this year?	37b 38a		V
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9	300	ig Vi.	ì .
	b	Gross receipts, included on line 9, for public use of club facilities		lige.	
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4955 ►	, b. ,		-
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			, i
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	,	ľ	
	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	<u></u>	V
	41	List the states with which a copy of this return is filed ▶			
	42a	The organization's books are in care of ► Telephone no. ►  Located at ►  ZIP + 4 ►			
	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)?  If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	*(* * * * * * * * * * * * * * * * * * *	•	
	С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		~
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. <b>▶</b>	· 🗆
	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	Yes	No
	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		~
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>v</u>
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-+	<u> </u>
	b	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)	45b		<u> </u>

	<b>1</b>						_	<b>4</b>
	the organization engage, directly or incandidates for public office? If "Yes," o					on <b>46</b>	Yes	No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	estions 47–49b and	1 52, and	complete the	*	or lin	es $\Box$
yea 48 Is th 49a Did	the organization engage in lobbying ir? If "Yes," complete Schedule C, Par he organization a school as described if the organization make any transfers to Yes," was the related organization a se	activities or have a t II n section 170(b)(1)(A)(i o an exempt non-cha	section 501(h) electi 	on in effe	ect during the t	47 48	-	No
50 Cor em	mplete this table for the organization's ployees) who each received more than  (a) Name and title of each employee	five highest compen	sated employees (ot	her than (anization. (d) Ho contribut	officers, directo	rs, truste	es, an lone."	unt of
	al number of other employees paid ov							
\$10	mplete this table for the organization 00,000 of compensation from the orga (a) Name and business address of each independent	anization. If there is no			<u> </u>	received Compensat		thar
<b>52</b> Did	tal number of other independent control the organization complete Schedingleted Schedule A			. ►anization		a ▶[] Ye:		 
Under penalt	ies of perjury, I declare that I have examined this and complete. Declaration of preparer (other that	return, including accompar n officer) is based on all info	nying schedules and staten ormation of which prepare	nents, and t r has any kn	o the best of my kno owledge.	owledge an	d belief,	ıt ıs
Sign Here	Sighature of officer  A 015 M. Albright  Type or print name and title	d Tregsurer			Date 5/13/	17		
Paid Prepare	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN		
Use Onl	L				Firm's EIN ▶			

Firm's address ►

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

► ☐ Yes ☐ No

Phone no

## 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.

2016

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Mt. Nittany Dog Training Club	25-1312797						
Part 1, Line 10 - Grants and Similar Amounts Paid: St Paul Lutheran Church - \$400, Pets Come First -							
Rabies Challenge Fund - \$533, AKC Canine Health Foundation - \$534, Penn State University - \$533, Ha	ppy Paws Happy Homes - \$10,						
One Dog at a Time - \$10, Happy Hounds Homeward Bound - \$10, New Spirit 4 Aussies Rescue - \$10, All 4 Paws Rescue - \$10,							
Bourban County Rescue - \$10, Huntingdon County Humane Society - \$20, Lulu's Rescue - \$10							
	·····						
Part 1, Line 16 - Other Expenses: Expenses incurred relating to club activities, including insurance pro	emiums						
Part II - Line 24 - Other Assets: Two trailers, dog training equipment							
-							
	·						