

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

990-EZ

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.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning JUNE 1, 2009, and ending MAY 31, 20 10

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

PENN NATIONAL HOMEOWNER'S ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

PO BOX 358

City or town, state or country, and ZIP + 4

MONT ALTO, PA 17237

D Employer identification number

25 1524288

E Telephone number

717-352-7230

F Group Exemption Number

Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: [X] Cash [] Accrual Other (specify)

I Website: PNHA.ORG

J Tax-exempt status (check only one) - [X] 501(c) (7) (insert no.) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 40,958

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows 5a, 5b, 5c, 6a, 6b, 6c, 7a, 7b, 7c. Values include 6,340, 22, 34,596, 43,571, 8,975, 7,452, 10,065, 21,388, 11,323.

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-EZ.

(See the instructions for Part II.)

Table with 5 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Values include 21,388, 11,323.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2009)

Part V 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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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.		
a	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?	✓	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	✓	
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-		
b	Did the organization file Form 1120-POL for this year?		✓
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 period covered by this return?		✓
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 39a -0-		
b	Gross receipts, included on line 9, for public use of club facilities 39b -0-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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		
c	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 ▶ _____		
e	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.		✓
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ JIM LARIMER Telephone no. ▶ 717-352-7230 Located at ▶ 3843 FARMSTEAD DRIVE, FAYETTEVILLE, PA ZIP + 4 ▶ 17222-9264		
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)?	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	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 ▶ 43		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 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	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

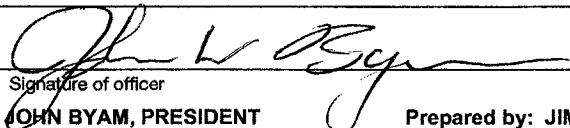
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 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

▶  Date 10/14/2010

▶ **JOHN BYAM, PRESIDENT** Prepared by: **JIM LARIMER, FINANCIAL DIRECTOR**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no. ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Excursions/Event</u> (event type)	<u>Newsletter</u> (event type)	<u>Two (See Attach)</u> (total number)	(add col. (a) through col. (c))
1	Gross receipts	12,788	12,566	9,242	34,596
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	12,457	12,182	18,932
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(43,571)
11	Net income summary. Combine line 3, column (d), and line 10 ▶				(8,975)

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

PENN NATIONAL HOMEOWNER'S ASSOCIATION						
EIN 25-1524288						
2009 Form 990-EZ						
Supporting Schedule for Form 990-EZ Line 6, and for Schedule G Part II						
		Excursions & Events	Newsletter	Holiday Party	Picnic	Total
Gross Revenue		12,788	12,566	5,572	3,671	34,596
Associated Expense		12,457	12,182	12,696	6,236	43,571
Net Revenue/(Expense)		330	384	(7,124)	(2,565)	(8,975)
Notes:						
1. The Excursions & Events social activities are administered by the special events committee. Revenues (ticket sales) and expenses are run through the Association's records for record keeping purposes. Any net excess/shortfall belongs to the special events committee.						
2. The Association Newsletter publication is funded with Newsletter Advertising. The Association files Form 990-T Exempt Organization Business Income Tax Return.						
3. The Association Holiday Party and Picnic are Association sponsored social activities with ticket prices set to yield less than expenses with the short-fall being subsidized with Association dues.						

PENN NATIONAL HOMEOWNER'S ASSOCIATION			
EIN 25-1524288			
2009 Form 990-EZ			
Supporting Schedule for Form 990-EZ Line 16			
Administration			463
Audit			80
Awards			-
Charitable Donations			2,200
Committee Support			630
Federal Taxes			734
Holiday Party Next-Yr Deposit			600
Insurance (Association Liability)			1,584
Membership Directory			982
Web Site			179
Total Line 16			7,452

PENN NATIONAL HOMEOWNER'S ASSOCIATION							
EIN 25-1524288							
2009 Form 990-EZ							
Supporting Schedule for Form 990-EZ, Part III Lines 28 - 32							
The Association was established to provide residents a structure to socially interact on issues of mutual concern and the ability to organize mutually beneficial groups and organizations. Association sponsored activities for the fiscal year included:							
Monthly Newsletter sent to all 684 members (members are by household).							
Annual Membership Directory sent to all 684 member households - lists all member names, addresses, phone numbers, e-mail addresses, and other critical community phone numbers.							
Annual Picnic attended by approximately 404 members.							
Annual Holiday Dinner/Dance attended by 199 members.							
Maintenance of an Association Web Site (PNHA.org).							
Association Electronic New Letter - issues news bulletins supplementing the Monthly Newsletter.							
Support to numerous social activity groups/clubs within the Association such as the:							
Garden Club							
Hiking Club							
Needlework Club							
New Neighbor Welcome Group							
Quilters Club							
Woodworkers Club							
Reading Group							
Photo Club							