

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

**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, 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.*

A For the 2010 calendar year, or tax year beginning JUNE 1, 2010, and ending MAY 31, 20 11

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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 ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.PNHA.ORG**

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

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting 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 ▶ \$ **53,311**

Part I 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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	22,580
	4 Investment income	4	15
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	30,716
c Less: direct expenses from gaming and fundraising events	6c	39,849	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(9,133)	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	13,462	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	5,758
	17 Total expenses. Add lines 10 through 16 ▶	17	5,758
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,704
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11,323
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	19,027

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,323	22 19,027
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	11,323	25 19,027
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,323	27 19,027

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **IMPROVE QUALITY OF LIFE IN THE COMMUNITY**
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE ATTACHED SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DON WISSNER 6938 ST. ANNES DRIVE, FAYETTEVILLE, PA 17222	PRESIDENT 5	0	0	0
DAN WHALEY 7086 KILLARNEY DRIVE, FAYETTEVILLE, PA 17222	VICE PRESIDENT 4	0	0	0
EVE WOOLSCHLAGER 6930 ST. ANNES DRIVE, FAYETTEVILLE, PA 17222	SECRETARY 3	0	0	0
GIFF GIFFIN 3833 FARMSTEAD DRIVE, FAYETTEVILLE, PA 17222	TREASURER 5	0	0	0
JIM LARIMER 3843 FARMSTEAD DRIVE, FAYETTEVILLE, PA 17222	FINANCE DIRECTOR 5	0	0	0
FRED ZIEMER 6899 ST. ANNES DRIVE, FAYETTEVILLE, PA 17222	LOCAL GOV'T LIAISON 3	0	0	0
CHARLIE SZOCH 6601 BENT OAK DRIVE, FAYETTEVILLE, PA 17222	MEMBERSHIP DIRECTOR 6	0	0	0
JOHN BYAM 7094 KILLARNEY DRIVE, FAYETTEVILLE, PA 17222	PAST PRESIDENT 1	0	0	0
DAN DUNTON 6199 OAK LEAF LANE NORTH, FAYETTEVILLE, PA 17222	PUBLICATIONS DIR. 7	0	0	0
DEE SWEITZER 6881 FAIRWAY DRIVE EAST, FAYETTEVILLE, PA 17222	SOCIAL ACTIVITIES DIR. 4	0	0	0

Part V 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		✓
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)		✓
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?	✓	
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	✓	
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 tax year 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 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		
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)?		✓
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
a 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		✓
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
46		✓

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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		<input type="text" value="10/1/2011"/>
	Signature of officer	Date
	DONALD WISSNER, PRESIDENT	Prepared by: JIM LARIMER, FINANCE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Excursions/Events (event type)	Newsletter (event type)	Two (See Attach) (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	6,047	15,537	9,132	30,716
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	6,047	15,537	9,132	30,716
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,428	13,933	19,488	39,849
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(39,849)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				(9,133)	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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 ▶				

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

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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

PENN NATIONAL HOMEOWNER'S ASSOCIATION

Employer identification number

25-1524288

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

Administration	275
Audit Expense	85
Charitable Donations	100
Committee Support	840
Federal Taxes	1,021
Insurance (Liability)	1,584
Membership Directory	1,377
Web Site Expense	476
Total Line 16	5,758

FORM 990-EZ, PART III, LINE 28, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

The Association was established to provide residents a structure for social interaction 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 646 member households
- Annual Membership Directory sent to all 646 member households - lists all member names, addresses, phone numbers, email addresses, and other critical community phone numbers.
- Annual Picnic attended by approximately 432 members.
- Annual Holiday Dinner/Dance attended by 206 members.
- Maintenance of an Association Web Site (WWW.PNHA.ORG)
- Association Electronic 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, Luncheon Clubs.

PENN NATIONAL HOMEOWNER'S ASSOCIATION						
EIN 25-1524288						
2010 Form 990-EZ						
Supporting Schedule for Form 990-EZ Line 6, and for Schedule G Part II						
		Special Events	Newsletter	Holiday Party	Picnic	Total
6b	Gross Revenue	6,047	15,537	5,768	3,364	30,716
6c	Associated Expense	6,428	13,933	13,213	6,275	39,849
6d	Net Revenue/(Expense)	(381)	1,604	(7,445)	(2,911)	(9,133)
Notes:						
1. Special Events are 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 only. 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 susidized with Association dues.						