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Form **990** **67** **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)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**CENTRAL PENNSYLVANIA WORKFORCE DEVELOPMENT CORPORATION**  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1610 INDUSTRIAL BOULEVARD 500 A**  
City or town, state or country, and ZIP + 4  
**LEWISBURG, PA 17837**

**D** Employer identification number  
**25-1847249**

**E** Telephone number  
**(570) 522-0600**

**F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number **N/A**

M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G** Website: **HTTP://WWW.CPWDC.ORG**

**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **12,139,832.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	
1	Contributions, gifts, grants, and similar amounts received
a	Contributions to donor advised funds
b	Direct public support (not included on line 1a)
c	Indirect public support (not included on line 1a)
d	Government contributions (grants) (not included on line 1a)
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)
2	Program service revenue including government fees and contracts (from Part VII, line 93)
3	Membership dues and assessments
4	Interest on savings and temporary cash investments
5	Dividends and interest from securities
6 a	Gross rents
b	Less rental expenses
c	Net rental income or (loss) Subtract line 6b from line 6a
7	Other investment income (describe _____)
8 a	Gross amount from sales of assets other than inventory
b	Less cost or other basis and sales expenses
c	Gain or (loss) (attach schedule)
d	Net gain or (loss) Combine line 8c, columns (A) and (B)
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)
b	Less direct expenses other than fundraising expenses
c	Net income or (loss) from special events Subtract line 9b from line 9a
10 a	Gross sales of inventory, less returns and allowances
b	Less cost of goods sold
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a
11	Other revenue (from Part VII, line 103)
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11
Expenses	
13	Program services (from line 44, column (B))
14	Management and general (from line 44, column (C))
15	Fundraising (from line 44, column (D))
16	Payments to affiliates (attach schedule)
17	Total expenses. Add lines 13 and 14, column (A)
Net Assets	
18	Excess or (deficit) for the year Subtract line 17 from line 12
19	Net assets or fund balances at beginning of year (from line 73, column (A))
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20

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

Form 990 (2007)

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**CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION**

Form 990 (2007)

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**Part I Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0 • If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 6,258,058 • noncash \$ 0 • If this amount includes foreign grants, check here <input type="checkbox"/>	6,258,058.	6,258,058.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	176,807.	86,635.	90,172.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	427,308.	221,281.	206,027.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	128,271.	67,708.	60,563.	
29 Payroll taxes	52,598.	25,155.	27,443.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	8,001.		8,001.	
33 Supplies	37,969.	28,040.	9,929.	
34 Telephone	12,470.	7,745.	4,725.	
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance	28,480.	15,524.	12,956.	
38 Printing and publications				
39 Travel	53,227.	25,784.	27,443.	
40 Conferences, conventions, and meetings	7,873.	4,445.	3,428.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize): a _____ b _____ c _____ d _____ e _____ f _____ g SEE STATEMENT 1	4,948,770.	4,484,683.	464,087.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	12,139,832.	11,225,058.	914,774.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2007)

**CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION**

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**Part III** **Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)
<b>TO PROVIDE WORKFORCE DEVELOPMENT TO A NINE COUNTY REGION</b>		
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a</b>	<b>HELP PENNSYLVANIA'S STUDENTS, JOB SEEKERS, INCUMBENT AND DISLOCATED WORKERS ACQUIRE WORLD-CLASS SKILLS AND ATTAIN REWARDING AND SUSTAINABLE JOBS.</b>	
	(Grants and allocations \$ 5,928,739. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	11,225,058.
<b>b</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b>	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>11,225,058.</b>

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**CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION**

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	321,468.	45	110,476.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	494,025.		
	b Less: allowance for doubtful accounts		47c	494,025.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	209,717.	49	953,318.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment basis				
b Less: accumulated depreciation		57c		
58 Other assets, including program-related investments (describe ► <b>OTHER RECEIVABLE</b> )	236,750.	58	109,665.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	946,634.	59	1,667,484.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	931,487.	60	1,418,654.
	61 Grants payable		61	
	62 Deferred revenue		62	233,683.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65	931,487.	66	1,652,337.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	15,147.	67	15,147.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	15,147.	73	15,147.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	946,634.	74	1,667,484.

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**CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION**

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a Total revenue, gains, and other support per audited financial statements	a	12139832.
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify):	b4	
Add lines b1 through b4	b	0.
c Subtract line b from line a	c	12139832.
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify):	d2	
Add lines d1 and d2	d	0.
e Total revenue (Part I, line 12). Add lines c and d	e	12139832.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements	a	12139832.
b Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify):	b4	
Add lines b1 through b4	b	0.
c Subtract line b from line a	c	12139832.
d Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify):	d2	
Add lines d1 and d2	d	0.
e Total expenses (Part I, line 17). Add lines c and d	e	12139832.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
WILLIAM BROCK 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	EXECUTIVE DIRECTOR 40.00	99,692.	3,991.	0.
SHANNON MILLER 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	ASSISTANT DIRECTOR 40.00	70,309.	2,815.	0.
DEAN GIRTON 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	CHAIR 5.00	0.	0.	0.
DENNIS GREENAWAY 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	SECRETARY 2.00	0.	0.	0.
KEVIN VARANO 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	TREASURER 2.00	0.	0.	0.
WILLIAM ROBINSON 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	VICE-CHAIR 2.00	0.	0.	0.
32 OTHER BOARD MEMBERS 1610 INDUSTRIAL BOULEVARD SUITE 500A LEWISBURG, PA 17837	BOARD MEMBERS 1.00	0.	0.	0.

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Yes	No
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38

**75b**

75c

**75d**

**75d**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions)		Yes	No
75	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>

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Yes	No
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Form 990 (2007)



**CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION**

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**Part VI Other Information** (continued) **Yes No**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒  
If "Yes," enter the name of the foreign country N/A

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> GOVERNMENT GRANTS					12,139,832.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		0.	12,139,832.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					12,139,832.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>93</b>	PROVIDES TRAINING RE: WORKFORCE INVESTMENT ACT FUNDING

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No  
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form **990** (2007)

CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a  
controlling organization as defined in section 512(b)(13). N/A106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"  
complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"  
complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and  
annuities described in question 107 above?

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.Please  
Sign  
HereSignature of officer  
*Shannon Miller*Date  
5/11/09Type or print name and title  
SHANNON MILLER, EXECUTIVE DIRECTORPaid  
Preparer's  
Use OnlyPreparer's  
signature*David W. Bulley*

Date

5/3/09

Check if  
self-  
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4YOUNG, OAKES, BROWN & COMPANY, P.C.  
1210 THIRTEENTH STREET  
ALTOONA, PA 16601

EIN

Phone no (814) 944-6191

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization **CENTRAL PENNSYLVANIA WORKFORCE  
DEVELOPMENT CORPORATION**

Employer identification number  
**25 1847249**

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
PAULINE GUFFEY 1610 INDUSTRIAL BOULEVARD SUITE 500A,	FINANCE MANAGER 40.00	59,948.	2,400.	

Total number of other employees paid over \$50,000 ▶

0

**Part II-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

0

## CENTRAL PENNSYLVANIA WORKFORCE

Schedule A (Form 990 or 990-EZ) 2007 DEVELOPMENT CORPORATION

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**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

2a X

- a Sale, exchange, or leasing of property?

2b X

- b Lending of money or other extension of credit?

2c X

- c Furnishing of goods, services, or facilities?

2d X

- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2e X

- e Transfer of any part of its income or assets?

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

- b Did the organization have a section 403(b) annuity plan for its employees?

3b X

- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

- b Did the organization make any taxable distributions under section 4966?

N/A

4b

- c Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

4c

- d Enter the total number of donor advised funds owned at the end of the tax year

N/A

- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

N/A

- f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

0.

- g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

0.

Schedule A (Form 990 or 990-EZ) 2007

## CENTRAL PENNSYLVANIA WORKFORCE

Schedule A (Form 990 or 990-EZ) 2007 DEVELOPMENT CORPORATION

25-1847249 Page 3

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

## Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ►					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

## CENTRAL PENNSYLVANIA WORKFORCE

Schedule A (Form 990 or 990-EZ) 2007 DEVELOPMENT CORPORATION

25-1847249 Page 4

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	10057847.	9,273,253.	8,388,748.	10431989.	38,151,837.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				17,500.	17,500.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	10057847.	9,273,253.	8,388,748.	10449489.	38,169,337.
<b>24</b> Line 23 minus line 17	10057847.	9,273,253.	8,388,748.	10431989.	38,151,837.
<b>25</b> Enter 1% of line 23	100,578.	92,733.	83,887.	104,495.	
<b>26</b> Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					26a 763,037.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 38,151,837.
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e 38,151,837.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 100.0000%
<b>27</b> Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28</b> Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

## CENTRAL PENNSYLVANIA WORKFORCE

Schedule A (Form 990 or 990-EZ) 2007 DEVELOPMENT CORPORATION

25-1847249 Page 5

**Part V** Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement )		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2007

## CENTRAL PENNSYLVANIA WORKFORCE

Schedule A (Form 990 or 990-EZ) 2007 DEVELOPMENT CORPORATION

25-1847249 Page 6

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.



51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relative to political organizations?

- (i) Cash**

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (ii) Other assets

- b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) **Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

[illegible]

- 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

- n If "Yes," complete the following schedule

N/A

[illegible]

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRAINING AND DEVELOPMENT	16,152.	7,004.	9,148.	
INSURANCE	9,028.	0.	9,028.	
OTHER CONTRACTED SERVICES	128,522.	100,150.	28,372.	
PROPERTY	190,769.	173,966.	16,803.	
BUILDING RENTAL	145,885.	110,174.	35,711.	
UTILITIES	2,175.	1,111.	1,064.	
ADVERTISING	5,233.	2,470.	2,763.	
SUBSCRIPTIONS/LIBRAR	87,455.	56,563.	30,892.	
VEHICLE	2,020.	1,033.	987.	
OTHER OPERATING EXPENSES	730.	730.	0.	
CONTRACTED SERVICES	2,554,668.	2,554,668.	0.	
RECLASS ADMIN PORTION OF GRANT	0.	-329,319.	329,319.	
RESOURCE SHARING EXPENDITURES	1,765,061.	1,765,061.	0.	
WIN/WORKKEYS SUBSCRIPTIONS/SUPPLI S	41,072.	41,072.	0.	
TOTAL TO FM 990, LN 43	4,948,770.	4,484,683.	464,087.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	2
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESSAMOUNT

JOB TRAINING  
VARIOUS SUBRECIPEINTS

6,258,058.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

6,258,058.

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

### **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>CENTRAL PENNSYLVANIA WORKFORCE DEVELOPMENT CORPORATION</b>	Employer identification number <b>25-1847249</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1610 INDUSTRIAL BOULEVARD, NO. 500 A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LEWISBURG, PA 17837</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE CORPORATION**

Telephone No ► **(570) 522-0600**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	CENTRAL PENNSYLVANIA WORKFORCE DEVELOPMENT CORPORATION		25-1847249
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1610 INDUSTRIAL BOULEVARD, NO. 500 A		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	LEWISBURG, PA 17837		

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE CORPORATION**
- Telephone No. **(570) 522-0600** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *David W. Cherry* Title *CEO* Date *2/14/09*

Form 8868 (Rev. 4-2008)