

## 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

STM127

Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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 \$1,000,000 and total assets less than \$2,500,000 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

OMB No 1545-1150

2008

**Open to Public** Inspection

Α	For the 2008 calenda	a <u>r year, (</u>	or tax year beginning , 2008, and endi	ıng		, 20	
	Check if applicable C Name of organization			D Employer	identification	number	
	Address change Please use IRS		PROFESSIONAL DAIRY MANAGERS OF PA		23-30	66186	
<b>L</b>			E Telephone	number			
1	Initial return	print or type					
	Termination See Specific 174 CRESTVIEW DRIVE (8				(814)	357-9193	
<b>S</b>	Amended return	Instruc-	City or town, state or country, and ZIP + 4		F Group Exe	mption	
	Application pending	tions	BELLEFONTE, PA 16823	1	Number •	· ·•	
		) organi:	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Acc	counting metho	d X Cash	Accrual
CANNED		a co	npleted Schedule A (Form 990 or 990-EZ).	Oth	ner (specify)		_
4				H Che	eck ▶ ıft	he organizati	on is <b>not</b>
Z	Website: > www.	PDMP.	DRG	req	uired to attach	Schedule B (	Form 990,
(3)	Organization type (c	heck on	y one) -   X   501(c) ( 6 )   ◀ (insert no )   4947(a)(1) or   527	990	D-EZ, or 990-PF	F)	
			on is not a section 509(a)(3) supporting organization and its gross recei	pts are no	rmally not mor	e than \$25,00	00 A return
			nization chooses to file a return, be sure to file a complete return	•	•	. ,	
_			ne 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 in	stead of F	orm 990-EZ	<b>▶\$</b>	396,024
			enses, and Changes in Net Assets or Fund Balances			for Part I)	
			grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·	• • • • •	1		55,000
			enue including government fees and contracts · · · · · · · · · · ·		2	1	280,575
	1		nd assessments		3		56,900
	4 Investment	,			4		3,549
			sale of assets other than inventory 5a				<u> </u>
			asis and sales expenses · · · · · · · · · · · · · · · · · ·		-		
_			ale of assets other than inventory (Subtract line 5b from line 5a) (attach	schedule)	) • • • 50	:	
R e			ies (complete applicable parts of Schedule G) If any amount is from gaming, check h		, <del> </del>		
v e	a Gross rever				- <sup>-</sup>		
n	<b>,</b>		6a				
u e	•	•	es other than fundraising expenses · · · · · · · · · 6b	_			
		•	from special events and activities (Subtract line 6b from line 6a) •••		60	.	
			tory, less returns and allowances · · · · · · · · · / 7a			<del></del>	
	b Less cost of		<u> </u>				
		_	from sales of inventory (Subtract line 7b from line 7a) · · · · · · ·		70	.	
	8 Other reven				) 8		
	ſ	•	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		· · · • 9		396,024
			mounts paid (attach schedule)	-12 3 5	TM122 10	_	4,500
	1		or members · · · · · · · · · · · · · · · · · · ·	ĬŎ.	11		
Ε			pensation, and employee benefits · · · · · · · · · · · · · · · · · · ·		12		123,763
x p			d other payments to independent contractors	S	13		69,239
e n				<u> </u>	14		
s			lities, and maintenance	Ţ <u></u> ].	15		23,571
9 S			scribe STM130		) 16	<del></del>	138,041
	16 Other exper	nses (de	d lines 10 through 16 • • • • • • • • • • • • • • • • • •		,		359,114
_	17 Total exper	deficit) fo	or the year (Subtract line 17 from line 9)		18		36,910
A	<b>A</b> I		alances at beginning of year (from line 27, column (A)) (must agree with		<u> </u>		
NS e e t t	19 Net assets	or runa a	eported on prior year's return) • • • • • • • • • • • • • • • • • • •	' 	19	,	56,486
ŧ.	end-or-year	ingure re	t assets or fund balances (attach explanation)		STM104 20		(8,219)
5		ges in ne	alances at end of year Combine lines 18 through 20		21		85,177
_	<del></del>			Form 990	unstead of For		
LP.	art II Balanc	<u>e She</u>			_	<b>I</b>	ind of year
	Cook source ==	.d.,	(See the instructions for Part II ) ments • • • • • • • • • • • • • • • • • • •	(4)	Beginning of year 9,184		44,508
22	Cash, savings, an	iu invest	nents	<del></del>	3,201	23	
23				-	47,302		40,669
24	Other assets (des	cribe P		<u> </u>	56,486	<del></del>	85,177
25						26	·-
26			es (line 27 of column (B) must agree with line 21)		56,486		85,177
27 ===			Reduction Act Notice, see the Instructions for Form 990.	EFA	=-,		90-EZ (2008)

Eor	, , , , , , , , , , , , , , , , , , ,	ANACEDS OF DA		. 23-3	0661	86 Page
	<del></del>		instructions for Dart III		3331	Expenses
	art III Statement of Program Service Accordat is the organization's primary exempt purpose? PROMOTI	mplisnments (See life	instructions for Part III	)	(Red	quired for 501(c)(3)
	scribe what was achieved in carrying out the organization's e				and	(4) organizations
	scribe the services provided, the number of persons benefite			title		4947(a)(1) trusts, onal for others )
	SPONSORED THREE ISSUES FORUMS WITH 259		tion for each program		_ <del></del>	
20	SPONSORED SPRING DAIRY TOUR TO COLORADO					
	STAGED THE 2008 DAIRY SUMMIT WITH 544 A	<del></del>				
			shock hara		28a	
20	(Grants \$ ) If this ame SPONSORED THE CORN SILAGE RESEARCH TRIA	ount includes foreign grants			20a	
29	<del></del>	LS WITH 22 COMPANT				
	SUBMITTING 131 SEEDS FOR TRIAL PURPOSES SUPPORTED THREE STUDENTS WITH INTERSHIP	AMARDS OF 750 FACI				
					29a	
20		ount includes foreign grants			29a	
30	INITIATED 68 BROADCAST COMMUNICATIONS D	URING THE TEAR WITH	<u></u>			
	32990 CONTACTS MADE	NO MUE VEAD AVEDACI				
	RECEIVED 57970 VISITORS TO WEBSITE DURI				20-	
		ount includes foreign grants	, cneck nere · · · ·	· · · · • <u> </u>	30a	
37	Other program services (attach schedule) · · · · · · · ·			<b></b>	24-	
		ount includes foreign grants			31a	
_	Total program service expenses (add lines 28a through 3	<del></del>			32	: B IV
Pa	art IV List of Officers, Directors, Trustees, and Key E	<del>,                                      </del>	· ·			or Paπ IV ) (e) Expense
	(a) Name and address	(b) Title and average hours per week	<ul><li>(c) Compensation</li><li>(if not paid,</li></ul>	<ul><li>(d) Contributions employee benefit pla</li></ul>		account and
		devoted to position	enter -0-)	deferred compensa	tion	other allowances
	GAN BOWER	PRESIDENT			_	
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0		u	
	HISSONG	VICE PRES				
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0			(
	NA ZUG	SECRETARY	_		_	
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0		ū	
	ANE HERSHEY	TREASURER				
_	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0		u	····
	FF HARDING	DIRECTOR	_			
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0		С	
	VID HILEMAN	DIRECTOR	_			
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0		0	
	CHAEL HOSTERMAN	DIRECTOR	_			
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0			
THI	E HEUSER GROUP	MGMT COMPANY				
	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	24	72,390		O	
DA	LE HOFFMAN	DIRECTOR	_		_	
17	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1	0			· · · · · · · · · · · · · · · · · · ·
	RY KLINE	DIRECTOR			_	
17	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	1				
LI	SA HOLDEN	PENN STATE LIAS				
17	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	11	0		0	
тои	VAK STRATETIC ADVISORS	EXECUTIVE DIREC				
17	4 CRESTVIEW DRIVE BELLEFONTE PA, 16823	18	51,343		0	 
			<u> </u>			

Par	rt V Other Information (Note the statement requirements in the instructions for Part VI )			
			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	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes • • • • • • • • • • • • • • • • • • •	34		_X_
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 your reason for not reporting the income on Form 990-T			l
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Χ_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a			1
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ••••••• 38b			
39	501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on line 9, for public use of club facilities	]		,
40 a	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 (4) organizations Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during			·
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization · · · · · · · · · · · · · · · · ·			1
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		Х
41	List the states with which a copy of this return is filed			
42 a	The books are in care of ▶ PATRICIA HEUSER Telephone no ▶ 717-2	43-76	677	
	Located at ▶ 4 HAWTHORN COURT Carlisle, PA ZIP+4 ▶ 170	15		
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			!
	and Financial Accounts.			·,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	[ ]		
	Form 990-EZ • • • • • • • • • • • • • • • • • • •	44		X
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	45_	<u></u>	<u> X</u>
	EEA F	orm 99	10-EZ (	2008)

Form 990	-EZ (2008)	PROFESSIONAL DAIR	Y MANAGERS OF PA		23-306	6186	Page 4
Part VI		(3) organizations o	nly. All section 501(c)(	3) organizations mus	t answer questions 46-49		
<b>46</b> Did	the organization engage	ge in direct or indirect polit	ical campaign activities on	behalf of or in oppos	sition to	Ye	s No
can	didates for public office	e? If "Yes," complete Sche	edule C, Part I			46	
<b>47</b> Did	the organization engage	ge in lobbying activities? I	f "Yes," complete Schedule	C, Part II · · · ·	. <b></b> .	47	
48 Is th	ne organization operati	ng a school as described i	n section 170(b)(1)(A)(ii)?	If "Yes," complete So	hedule E	48	
	-	any transfers to an exemp				49a	
	-	rganization(s) a section 52				49b	_
	•	• ,,	•		ees and key employees) who	)	
		\$100,000 of compensation					
			(b) Title and average	(c) Compensation	(d) Contributions to	(e)Exper	ise
(6	a) Name and address of each than \$100,		hours per week devoted to position		employee benefit plans & deferred compensation	account a other allowa	
							**
Total num	ber of other employees	s naid over \$100,000			1		
		e five highest compensated ganization If there are not		who each received m	ore than \$100,000 of		
	(a) Name and address of e	each independent contractor paid	more than \$100,000	<b>(b)</b> Ty	pe of service	(c) Compensation	on
							-
	···						
Total num	ther of other independs	ent contractors each receiv	ung over \$100,000 · · ·	. •	-		
	I Inder penalties of	of perjury, I declare that I have example, correct, and complete. Declare	mined this return, including accord	npanying schedules and si r) is based on all information	tatements, and to the best of my known of which preparer has any knowled	wledge dge	
Sign Here	Signature of office  PATRICIA  Type or print nam	E HEUSER, BUSINESS	7000	12 17 Gyr.	Date		
Paid	Preparer's signature	LISA P ACRI CPA	Muyuuu	(Date 0 - 08 - 2010	Check if self-employed Preparer's Ide	ntifying No (See	inst)
Preparer's	S Firm's name (or yours	LISA ACRI	CPA AND ASSOCIATES	IN	EIN > 26-16	1733(	<u> </u>
Use Only		3 SOUTH UN MIDDLETOWN			Phone no ▶ 717-94	4-2000	
May the II	RS discuss this return	with the preparer shown at	oove? See instructions			Yes	ζ No
				FFA		Form 990-E	<b>Z</b> (2008)

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

2008 For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations. Complete Part III. Name of organization Employer identification number PROFESSIONAL DAIRY MANAGERS OF PA 23-3066186 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 3 Part I-B To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 · · · · · · · ▶ \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 No No If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and Did the filing organization file Form 1120-POL for this year? No State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization if none, enter -0-

Sche	dule C (Form 990 or 990-EZ) 2008PROFESSIONAL DA	IRY MANAGERS	OF PA		23-306	6186 Page 2
Pa	rt II-A To be completed by organi	zations exemp	t under section	1 501(c)(3) that fi	led Form 5768	}
	(election under section 501	(h)). See the insti	uctions for Schedule	C for details		
A	Check 🕨 🔲 if the filing organization belongs t	o an affiliated group	)			
В	Check   if the filing organization checked	oox A and "limited o	control" provisions ap	pply		
	Limits on Lob	bying Expenditures	<b>.</b>		(a) Filing	(b) Affiliated
	(The term "expenditures" m	-			organization's totals	group totals
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				<u> </u>
1a	Total lobbying expenditures to influence public		, .,	• • • • • • • •		
b	Total lobbying expenditures to influence a legisl	• ,	,			
c d	Total lobbying expenditures (add lines 1a and 1	b)			<del></del>	<del></del>
e	Other exempt purpose expenditures · · · ·		<del></del>			
f	Total exempt purpose expenditures (add lines 1	•		· · · · · · · · · · · · · · · · · · ·		
•	Lobbying nontaxable amount Enter the amount columns	from the following	lable in both			
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontavable amount	is ·		
l	Not over \$500,000	20% of the ar	nontaxable amount nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
ļ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000		
Į	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f) • • • • • •				
h	Subtract line 1g from line 1a Enter -0- if line g is					
j	Subtract line 1f from line 1c Enter -0- if line f is	more than line c •				
j	If there is an amount other than zero on either li	ne 1h or line 1i, did	the organization file	Form 4720 reporting		
	section 4911 tax for this year?		· · · · <u>·</u> · · · · ·		<u> </u>	Yes No
	(Some organizations that i		eriod Under Section		f the five	
				h 2f of the instruction		
	Lobb	ying Expenditures	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
	beginning in)					
2a	Lobbying non-taxable amount					
	Lobbying ceiling amount		-	<del> </del>	•	-
Ü	(150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroot non-taxable amount					
6	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
		-	EE		Schedule C (F	orm 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008PROFESSIONAL DAIRY MANAGERS OF PA 23-3066186 Page 3 To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form Part II-B 5768 (election under section 501(h)). See the instructions for Schedule C for details (b) (a) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? ............ Other activities? If "Yes," describe in Part IV i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ...... 2a If "Yes," enter the amount of any tax incurred under section 4912 .............. b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or Part III-A section 501(c)(6). See the instructions for Schedule C for details Yes No 1 X Were substantially all (90% or more) dues received nondeductible by members? .... Did the organization make only in-house lobbying expenditures of \$2,000 or less? ........ 2 X Did the organization agree to carryover lobbying and political expenditures from the prior year? To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members ............... Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of 2 political expenses for which the section 527(f) tax was paid). 2,569 2a Carryover from last year ................. 2b 2,569 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 2,569 4 5 Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Also, complete this part for any additional information					
			_	<del></del>	

Name(s) as shown on		al Supp	orting	Statements	2008 FEIN
	Form 990 Grants and Simi			Line 10 Paid Schedule	Statement #122
Activity Grantee Address	SCHOLARSHIP BECKY HEISEY 99 VILAS DRIVE Jersey Shore	PA	17740	<u>Amount</u> 1,500	Relationship STUDENT
Activity Grantee Address	SCHOLARSHIP LEANN GATESMAN 916 EASY DRIVE Lucinda	PA	16235	750	STUDENT
Activity Grantee Address	SCHOLARSHIP SHAINA MARTIN 12989 MT PLEASENT RD Mercersburg	PA	17236	750	STUDENT
Activity Grantee Address	SCHOLARSHIP ELIZABETH SMITH 3615 WEST OAK ST Lebanon	PA	17042	1,500	STUDENT
			Total	4,500	

# Schedule O

PART V LINE 35 HAS BEEN CHANGED FROM NO TO YES. SCHEDULE C PARTS IIIA AND IIIB ARE ATTACHED AS REQUIRED FOR A YES ANSWER ON LINE 35.

	Federal Supporting Statements	2008	
Name(s) as shown on return		FÉIN	

### Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
CONFERENCE AND MEETING	120,901
CREDIT CARD AND BANK FEES	4,546
DUES AND CONTRIBUTION	2,900
INSURANCE	2,191
OFFICE EXPENSE	409
SUBSCRIPTION	68
TELEPHONE EXPENSE	899
TRAVEL EXPENSE	3,281
WEBSITE EXPENSE	2,846
Total	138,041

. . . .

## Form 990EZ, Part II, Line 24 Other Assets Schedule 3

Description INVESTMENTS PUBLICLY TRADED	of Year 47,302	End of Year 40,669
Total	47,302	40,669

## Form 990EZ, Part I, Line 20 Other Changes in Net Assets Schedule

Description UNREALIZED LOSSES	<u>Amount</u> (8,219)
Total	(8,219)