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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

Open to Public Inspection

Α	For the	e 2008 calendar year, or tax year beginning and endi	ng				
В	Check if applicable	Juse HS PENNS ILVANIA ASSOCIATION FOR SOSTATIVAE	BLE	D Employer identifie	cation number		
	Addre chang	ss label or AGRICULTURE	į				
	Name chang	tyne		25-1	685497		
	Initial return Termii ation	Casalia .	n/suite	E Telephone number (814)349-9856			
7	Amen			G Gross receipts \$	1,587,621.		
	Applic			H(a) Is this a group re	eturn		
	pendi	F Name and address of principal officer BRIAN SNYDER		for affiliates?	Yes X No		
		104 NORTH MAIN STREET, MILLHEIM, PA 1685	4	H(b) Are all affiliates inc	luded? Yes No		
ī	Tax-ex	empt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)		
		te: ▶ www.pasafarming.org		H(c) Group exemption	n number 🕨		
K	Type of	organization X Corporation	L <u>Year (</u>	of formation 1992 N	State of legal domicile PA		
P	art I	Summary					
a	1	Briefly describe the organization's mission or most significant activities To deve			and promote		
Governance		sustainable food and farming systems that a	ıre	economicall	y viable,		
rı	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its assets			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15		
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15		
Activities &	5	Total number of employees (Part V, line 2a)		5	19		
ķ	6	Total number of volunteers (estimate if necessary)		6	0		
cţi	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.		
٩	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		232,383.	605,330.		
Ž	9	Program service revenue (Part VIII, line 2g)		859,956.	913,066.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,043.	3,332.		
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,707.	65,893.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,143,089.	1,587,621.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
		Benefits paid to or for members (Part IX, column (A), line 4)					
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		458,448.	630,031.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
çbe	Ь	Total fundraising expenses (Part IX, column (D), line 25)	.1				
மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 1) (24f)		666,315.	704,546.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) Film 12-52 2010		1,124,763.	1,334,577.		
	19	Revenue less expenses Subtract line 18 from line 12		18,326.	253,044.		
20	3	OGDEN, UT		Beginning of Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		507,479.	798,916.		
AA	21	Total liabilities (Part X, line 26)		214,715.	256,921.		
E.E.	22	Net assets or fund balances Subtract line 21 from line 20		292,764.	541,995.		
P	art II	Signature Block					
		Under penalties of perjury, I declare that have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known	ements, a	ind to the best of my knowledg	ge and belief, it is true, correct,		
		and complete became of preparer to the main officer is seed on all mornation of which preparer has any who	Micage	البالم			
Sig	ın	San hutt		12/24/1	<u>'0 </u>		
He	re	Signature of officer		Date/			
		BRIAN SNYDER, EXECUTIVE DIRECTOR					
		Type or print name and title					
	<u> </u>	Preparer's Date	Che		er's identifying number structions)		
signature JOSEPH P. FEDELI, CPA 02/16/10 employed >							
	parer's	Firm's name (or Fiore Fedeli Snyder Carothers, LLF)	EIN ►			
USE	Only	self-employed), 2013 Sandy Dr. Ste 200					
	_	State College, PA 16803		Phone no 🕨 (<u>814) 237-8999</u>		
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
		and LHA For Privacy Act and Panenyork Reduction Act Notice see the senara	te inct	ructions	Form 990 (2008)		

See Schedule O for Organization Mission Statement Continuation

915-18.

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE Form 990 (2008) **AGRICULTURE** 25-1685497 Part III Statement of Program Service Accomplishments (see instructions) Briefly describe the organization's mission: PROMOTING PROFITABLE FARMS THAT PRODUCE HEALTHY FOOD FOR ALL PEOPLE WHILE RESPECTING THE NATURAL ENVIRONMENT. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. See Schedule O for Continuation(s)) (Expenses \$ 1,129,463. including grants of \$) (Revenue \$ (Code PASA works to enhance the social and economic impact of agriculture and food systems in Pennsylvania and beyond. In so doing, we work with farmers, educators, consumers, farm advocates and others to improve the quality of life in rural communities and elsewhere. With over 3,500 members, PASA strives to enhance the economic viability, environmental soundness and social connectedness of our members' farms in at least the following ways: Helping farmers to farm more innovatively through farm-based education events, an annual conference, developing markets for locally and sustainably produced food, organizing cooperative ventures and providing technical information and other forms of support. Our annual 1. including grants of \$) (Revenue \$ 4b) (Expenses \$ Maximizing consumer awareness and access to safe and healthy, locally-grown food wherever possible. Through research, educational initiatives and public information campaigns, PASA works directly with state and federal agencies, institutions of higher learning and other like-minded organizations to address public concern over the nature and quality of our food supply. Costs are included above. 1. including grants of \$) (Revenue \$ Developing a strong constituency for preserving farms, farmers and a thriving agrarian culture. The Association builds coalitions with elected officials, economic development and planning agencies, environmental groups and others to promote policies founded on the principle that healthy farms are a prerequisite for healthy people and communities everywhere. Costs are included above.

) (Revenue \$

1,129,465. (Must equal Part IX, Line 25, column (B))

Total program service expenses > \$

(Expenses \$

Other program services (Describe in Schedule O)

including grants of \$

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		<u> X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	L
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			١
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			,,
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			.,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			U
	prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			V
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X
		Form	990	(2008)

Form 990 (2008) AGRICULTURE

Part IV Checklist of Required Schedules (continued)

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ra	office is to nequired schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	Have a family member who had a direct or indirect business relationship with the organization?	İ		
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	[
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance	Form	990 (20Ò8) AGRICULTURE		25-1685	<u>497</u>	Р	age 5		
1a Enter the number reported in Box 3 of Form 1986. Annual Summary and Transmittal of U.S. Information Returns. Exter -0- if not applicable D.S. Information Returns. Exter -0- if not applicable D.D. Inter the number of Forms W2G included in line 1a. Enter -0- if not applicable D.D. Inter the number of Forms W2G included in line 1a. Enter -0- if not applicable D.D. Inter the number of Forms W2G included in line 1a. Enter -0- if not applicable D.D. Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the sum of lines 1a and 2a is greater than 250, you may be required to the files return. (See instructions) D.D. If Yes, 'has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O.D. If 'Yes, 'has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O.D. 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 Percurs the name of the foreign count									
1a Enter the number reported in Box 3 of Form 1986. Annual Summary and Transmittal of U.S. Information Returns. Exter -0- if not applicable D.S. Information Returns. Exter -0- if not applicable D.D. Inter the number of Forms W2G included in line 1a. Enter -0- if not applicable D.D. Inter the number of Forms W2G included in line 1a. Enter -0- if not applicable D.D. Inter the number of Forms W2G included in line 1a. Enter -0- if not applicable D.D. Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the sum of lines 1a and 2a is greater than 250, you may be required to the files return. (See instructions) D.D. If Yes, 'has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O.D. If 'Yes, 'has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O.D. 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 Percurs the name of the foreign count						Yes	No		
b Enter the number of Forms W2G included in line 1a. Enter-0+ find applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if al least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Dd the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-To fir the year if "Yo," provide an explanation in Schedule O 4 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)? 5 Was the organization a party to a prohibited tax sheller fransaction at any time during the tax year? 5 Was the organization a party to a prohibited tax sheller fransaction at any time during the tax year? 5 Dd and yit axable party notify the organization that it was or is a party to a prohibited at ax Search of the organization shell and year or the state of the organization shell and year or the state of the organization shell are year or the organization shell any organization shell are year organization shell any organization shell are year organization shell are year organization shell are year organization shell any organization shell are year organization shell are year organization shell are year organization shell any organization shell are year organization shell organizat	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of							
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, [2a 1.9] If all least one is reported on line 2a, did the organization file all recipient elected employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization here unrelated business gross income of \$1.000 or more during the year covered by this return? 1b if "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a 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)? 5b if "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country the organization have an interest in, or a signature or other authority over, a financial account. 5b Was the organization a party to a prohibited 1ax sheller transaction? 6c If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c If "Yes," to question 5a or 5b, did the organization in any time during the tax sheller transaction? 6c If "Yes," to question solicit any contributions that were not tax deductible? 6c If "Yes," to question solicit any contributions that were not tax deductible? 6c If "Yes," and the organization notify the donor of the value of the goods or services provided? 6c If "Yes," and the organization on the		U.S. Information Returns. Enter -0- if not applicable	1a	4 3					
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. Gee instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if 'Yes,' has if filed a Form 990 file or this year?' if 'No.' provide an explanation in Schedule 0 4a 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 feuch as a bank account, securities account, or other financial account)? 5b 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. 5c Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c If 'Yes,' did the organization of that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' did the organization solicit any contributions that were not tax deductible? 5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes,' did the organization neity the endoor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 6c If 'Yes,' indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Form	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. Gee instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if 'Yes,' has if filed a Form 990 file or this year?' if 'No.' provide an explanation in Schedule 0 4a 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 feuch as a bank account, securities account, or other financial account)? 5b 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. 5c Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c If 'Yes,' did the organization of that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' did the organization solicit any contributions that were not tax deductible? 5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes,' did the organization neity the endoor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 6c If 'Yes,' indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Form	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable g	aming					
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					7b				
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d If "Yes," indicate the number of Forms 8282 filled during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: N / A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter N / A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	•		•		7c		X		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_		11b						
	12a		1041?		12a	L			

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Part-VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			ĺ
	processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body Finter the number of voting members that are independent 15 15			É
ь	Enter the number of voting members that are independent 15			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			į
а		8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Does the organization have local chapters, branches, or affiliates?	9a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
. •	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
-	to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14		Х
	Did the process for determining compensation of the following persons include a review and approval by independent	'		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			į
_		150	Х	ĺ
	The organization's CEO, Executive Director, or top management official?	15a 15b	X	
D	Other officers or key employees of the organization?	130		
16-	Describe the process in Schedule O. (see instructions)			į
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х
	taxable entity during the year?	16a		<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			ĺ
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	406		ĺ
	exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	101		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	6: -		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	na iina	incial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ilon:		
	Brian Snyder, Executive Director - (814)349-9856			
	114 West Main Street, Millheim, PA 16854			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

	(B))			(D)	(E)	(F)
Name and Title	Average hours	(6	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per week	Individual frustee or director	Institutional frustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KIM SEELEY										•
PRESIDENT	5.00	X		X			<u> </u>	0.	0.	0.
BRIAN MOYER										0
VICE PRESIDENT	5.00	Х		X			<u> </u>	0.	0.	0.
LOUISE SCHORN SMITH	F 00	.,		,,					_	^
TREASURER	5.00	Х	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
MARY BARBERCHECK		.,		,,					0	0
SECRETARY	5.00	X		X				0.	0.	0.
JERRY BRUNETTI	F 00	.,							^	0
BOARD MEMBER	5.00	Х					_	0.	0.	0.
MELANIE DIETRICH COCHRAN	F 00	,,							^	^
BOARD MEMBER	5.00	Х					_	0.	0.	0.
JENNIFER HALPIN	F 00	v						0.	0.	0.
BOARD MEMBER	5.00	X						0.	<u> </u>	
JOHN HOPKINS	5.00	Х						0.	0.	0.
BOARD MEMBER	3.00	Λ	_	<u> </u>			_	0.	0.	
JOHN JAMISON	5.00	Х						0.	0.	0.
BOARD MEMBER DON KRETSCHMANN	3.00	^	 			-		0.	0.	
BOARD MEMBER	5.00	Х						0.	о.	0.
CHRISTOPHER LENT	3.00	^						0.		
BOARD MEMBER	5.00	Х						0.	0.	0.
JEFF MATTOCKS	3.00	^						0.	0.	
BOARD MEMBER	5.00	X						0.	0.	0.
SANDRA MILLER	3.00	-				_	 			
BOARD MEMBER	5.00	х					ļ	0.	0.	0.
SUSAN MILLER	3.00	1							-	
BOARD MEMBER	5.00	x						0.	0.	0.
RITA RESICK		 								
BOARD MEMBER	5.00	Х						0.	0.	0.
BRIAN SNYDER			_							
EXECUTIVE DIRECTOR	40.00			X		X		78,000.	0.	9,356.

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Par	t VII Section A. Officers, Directors, Tru	istees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours	(c		(e Pos k all			oly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	ted or composition of		other mpensation from the rganization and related ganizations	
							_	_						
				_			_	ļ			-			
				_										
			ļ											
			_											
	Total		_						78,000.		0.		9,3	56.
2	Total number of individuals (including those compensation from the organization	e in 1a) who re	celv	ed r	nore	tha	n \$1	00,		<u> </u>				(
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on		3	ļ	х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete School				from	any	/ uni	relat	ted organization for serv	rices rendered to		5		х
	tion B. Independent Contractors									C 400 000 - f - + -		_1, 4		
	Complete this table for your five highest continuous the organization.	mpensated in	аер	enae	ent c	onti	racte	ors i			npens			
	(A) Name and business	address							(B) Description of s	services	С	ompe		'n
						_								
												· · · · · · · · · · · · · · · · · · ·		
	Total number of independent contractors (i	including these	e In	1) w	ho r	ece:	ved	moi	re than \$100,000 in com	npensation				
_	from the organization	0								•		Form	990 (2000

AGRICULTURE 25-1685497 Page 9 Form 990 (2008) Part-VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function husiness tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 121,331. 1b b Membership dues c Fundraising events 10 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 483,999. similar amounts not included above 9,848. g Noncash contributions included in lines 1a-1f \$ 605,330 Total. Add lines_1a-1f Business Code 492,365. 611600 492,365 2 a CONFERENCE Program Service Revenue 611600 420,701. 420,701 CONTRACT REVENUE f All other program service revenue 913,066. **>** g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,332 3,332. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) \triangleright d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 22,198. Part IV, line 18 b Less direct expenses 22,198. 22,198. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 36,412. 36,412. 11 a MISCELLANEOUS 6,473. 541800 6,473. **b** ADVERTISING 810. 448000 810. c MERCHANDISE d All other revenue 43,695. e Total. Add lines 11a-11d 0. $\triangleright |1,587,621.$ 982,291

12

Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B). (C), and (D).

	All other organizations must compl			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		_,	2 -25	
	trustees, and key employees	87,356.	74,253.	8,736.	4,367.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	448,716.	374,424.	29,919.	44,373.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	53,818.	45,911.	1,534.	6,373. 3,739.
10	Payroll taxes	40,141.	33,624.	2,778.	3,739
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion		15 000	4 550	1 400
13	Office expenses	22,005.	15,832.	4,750.	1,423.
14	Information technology				
15	Royalties				1 501
16	Occupancy	28,913.	25,082.	2,240.	1,591.
17	Travel	28,864.	24,980.	2,124.	1,760.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	· <u></u>			
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates		-	1 561	1 100
22	Depreciation, depletion, and amortization	10,834.	8,164.	1,561.	1,109.
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	EVENT SERVICES	214,319.	197,288.	1,220.	15,811.
b	CONTRACT FEES	95,848.	93,249.	2,599.	
c	PROFESSIONAL	83,092.	59,786.	19,636.	3,670.
d	PRINTING/COPYING	45,112.	41,702.	194.	3,216.
e	ADVERTISING/OUTREACH	32,018.	31,993.	25.	
f	All other expenses	143,541.	103,177.	31,329.	9,035
25	Total functional expenses. Add lines 1 through 24f	1,334,577.	1,129,465.	108,645.	96,467
26	Joint Costs Check here ▶ ☐ If following				
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	0.12.18.08	<u></u>			Form 990 (2008)

25-1685497 Page **11**

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of) year	
	1	Cash - non-interest-bearing			247,022.	1		9,4	26.
	2	Savings and temporary cash investments		_	21,140.	2		0,5	
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			198,595.	4	16	7,0	72.
	5	Receivables from current and former officers, of	directors	, trustees, key			- '		
	•	employees, or other related parties. Complete				5			
	6	Receivables from other disqualified persons (as		F"				***************************************	
		4958(f)(1)) and persons described in section 49							
		Part II of Schedule L				6			
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			2,515.	8		6,3	69.
Ä	9	Prepaid expenses and deferred charges		1,801.	9		2,8	70.	
	10a	Land, buildings, and equipment: cost basis	158,509.						
	ь	Less accumulated depreciation. Complete							
		Part VI of Schedule D	10b	102,111.	26,341.	10c	5	<u>6,3</u>	<u>98.</u>
	11	Investments - publicly traded securities			10,065.	11		6,2	<u>53.</u>
	12	Investments - other securities See Part IV, line	11			12			
	13	Investments - program-related See Part IV, line	11			13			
	14	Intangible assets		_		14			
	15	Other assets See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equ	507,479.	16	79	8,9 9,3	<u> 16.</u>		
	17	Accounts payable and accrued expenses		34,575.	17	5	9,3	<u> 19.</u>	
	18	Grants payable		ļ <u>-</u>	150 500	18			
	19	Deferred revenue		_	158,590.	19	17	4,5	38.
	20	Tax-exempt bond liabilities		_		20			
es	21	Escrow account liability Complete Part IV of Se		.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21			
Liabilities	22	Payables to current and former officers, director		1					
Liat		highest compensated employees, and disquali of Schedule L		22					
	23	Secured mortgages and notes payable to unre	rd parties		23				
	24	Unsecured notes and loans payable		_	21 550	24		2 0	<u> </u>
	25	Other liabilities Complete Part X of Schedule D)		21,550.	25	25	$\frac{3,0}{6}$	04.
	26	Total liabilities. Add lines 17 through 25		্তি	214,715.	26	25	6,9	<u> </u>
		Organizations that follow SFAS 117, check h	iere 🟲	X and complete					
Ses		lines 27 through 29, and lines 33 and 34.			05 510		12	5,3	Ω /
<u>a</u> u	27	Unrestricted net assets		-	85,518. 207,246.	27		$\frac{5,3}{6,6}$	
Ва	28	Temporarily restricted net assets		-	201,240.	28	- 41	0,0	01.
Pur	29	Permanently restricted net assets				29			·····
Ę		Organizations that do not follow SFAS 117, o	cneck n	ere 🕨 🔛 and					
s o	20	complete lines 30 through 34.	_		:	30			
set	30	Capital stock or trust principal, or current funds		ot fund		31			
Net Assets or Fund Balance	31	Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated i				32			
Net	32 33	Total net assets or fund balances	ncome,	or other funds	292,764.	33	54	1,9	95.
	34	Total liabilities and net assets/fund balances		-	507,479.	34		8,9	
Pa		Financial Statements and Reporting	<u> </u>			<u> </u>		- / -	
		Tinariciai otatements and neportin	9	· . .				Yes	No
1	Acco	ounting method used to prepare the Form 990:	Ca	ash X Accrual	Other				
2a		e the organization's financial statements compile					2a	ĺ '	Х
b		e the organization's financial statements complied					2b		X
	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
J		w, or compilation of its financial statements and					2c		
3а		result of a federal award, was the organization re				le Audi			
		and OMB Circular A-133?	,	3			3a_	<u></u>	Х
_ b		es," did the organization undergo the required at	udit or ai	udits?			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE

Employer identification number 25-1685497

name,									
ed In									
ed In									
ed in									
ed in									
ed in									
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
section 170(b)(1)(A)(vi). (Complete Part II)									
pts from									
vestment									
1975.									
one or									
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
ner									
than									
)(2).									
_/·									
es No									
<u> </u>									
									
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?									
unt of									
unt of									
)									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2008 AGRICULTURE

25-1685497 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 379,140. 405,602. 398,022. 429,798. 902,421. 2514983. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 379,140. 405,602. 398,022. 429,798. 902,421. 4 Total. Add lines 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 443,818. 2071165. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 398,022. 379,140 405,602. 429,798. 902,421. 2514983. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 697. 831. 1,553. 2,043. 3,332. 8,456. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 4,691. 11,997. 37,222. 78,024. 14,750. 9,364. assets (Explain in Part IV.) 2601463. 11 Total support. Add lines 7 through 10 2,937,579. 12 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 79.62 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 72.50 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	edule A (Form 990 or 990-EZ) 2008 rt III Support Schedule for C)rganizations	Described in	Section 509(a)(2) (Complete only	y if you checked the bo	Page 3 ox on line 9 of Part I.)
Sec	tion A. Public Support				T		
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)				<u> </u>		
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	: Add lines 10a and 10b	_					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)						L
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi:	zation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	t IV-A, line 27g			16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage) <u> </u>			
17	Investment income percentage for 20					17	
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2008. If the				e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶ □
ŀ	33 1/3% support tests - 2007. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
•	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organization	▶ 🔲
00	Private foundation. If the organization						<u>▶</u>
20							0 or 990-EZ) 2008

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE

Employer identification number 25-1685497

	AGRICULTURE		25-1685497
Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pr	ivate benefit? Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of certif	led historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day
	of the tax year.		r
			Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
C	Number of conservation easements on a certified historic str	2c	
d	Number of conservation easements included in (c) acquired	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, a	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization.	ition's financial statements that describes	the organization's accounting for
Do	conservation easements † III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
Fai	Complete if the organization answered "Yes" to Form		Aller Ollimar Addets.
	Complete if the organization anomalog 100 to 1011		
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and h	palance sheet works of art, historical
Ia	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		
L	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures.
U	or other similar assets held for public exhibition, education, or		
		of research in fortherance of passic service	o, provide the fellowing amounts relating to
	these items (i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
2	the following amounts required to be reported under SFAS 1		g, p. 01100
•	Revenues included in Form 990, Part VIII, line 1	To relating to these items.	▶ \$
a	Assets included in Form 990, Part X		► \$ ► \$
U	Masers included in Form 330, Fart A		

Sche	dule D (Form 990) 2008 AGRICUL									7 Page 2
Pai	t III Organizations Maintaining (Collections of A	rt, His	storical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	ts (conti	nued)
3	Using the organization's accession and other	er records, check an	y of the	following that	it are a signi	ficant us	e of its col	lection ite	ms (chec	k all
	that apply)									
а	Public exhibition	•	ı 🗀	Loan or exc	hange progi	rams				
b	Scholarly research	•	e 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how t	hey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?				Yes	□ No
Pai	t IV Trust, Escrow and Custodia reported an amount on Form 990, Pa	-	. Comp	olete if organ	ization answ	ered "Ye	s" to Forn	n 990, Par	t IV, line 9), or
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	r contribution	s or other a	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
	,		_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									
Par			ered "Ye	es" to Form 9	990, Part IV,	line 10.				
نشست		(a) Current year		Prior year	(c) Two year	T T	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance	(0,00,10,11,100.			(9)					
b	Contributions									
c	Investment earnings or losses			••••			***************************************			
4	Grants or scholarships							***************************************	***************************************	
	Other expenditures for facilities									
·	and programs					1				
f	Administrative expenses									
	End of year balance			***************************************						
9	Provide the estimated percentage of the year	r and balance hold	25		1				<u> </u>	·····
2	Board designated or quasi-endowment	al ella balance nela	as. %							
a	Permanent endowment	%								
	Term endowment	⁷⁰								
_	Are there endowment funds not in the posse		otion th	at ara bald a	ad administ	arad far t	ho organi	zation		
Ja	Are there endowment funds not in the posse	ession of the organiz	allon in	iai ale lielu a	nu auminsi	erea ioi i	ine organi.	zation	Г	Yes No
	6)								3a(i)	163 110
	(i) unrelated organizations									
	(ii) related organizations	_	C-b-	alula DO					3a(ii)	
_	If "Yes" to 3a(ii), are the related organization	•							3b	
4	Describe in Part XIV the intended uses of the				David V. Juna	10				
Pai				ľ					(A) D !	
	Description of investment	(a) Cost or o		1	or other (other)	(c) L	Pepreciation	on	(d) Book	value
1a	Land			<u> </u>		ļ				
b	Buildings	<u> </u>		ļ		ļ				
С	Leasehold improvements			 	0 700	ļ	20.7	07 -		0 2 1
d	Equipment				9,728.		39,7			9,931.
	Other				8,781.	<u> </u>	62,3	14.		5,467.
Tota	. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X, col	umn (B),	, line 10(c))					56	5,398.

Schedule D (Form 990) 2008

AGRICULTURE 25-1685497 Page 3 Schedule D (Form 990) 2008 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value Cost or end-of-year market value (including name of security) Financial derivatives and other financial products Closely-held equity interests Other Total (Col (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation. (b) Book value (a) Description of investment type Cost or end-of-year market value Total (Col (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 (b) Book value (a) Description ▶ Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (b) Amount (a) Description of liability Federal income taxes 23,064. Accrued Payroll and Taxes

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

ightharpoons

23,064.

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE 25-1685497 Schedule D (Form 990) 2008 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1,587,621 Total revenue (Form 990, Part VIII, column (A), line 12) 1 1,334,577 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 253,044 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 4 Net unrealized gains (losses) on investments Donated services and use of facilities 5 5 Investment expenses 6 6 7 7 Prior period adjustments <3,813.8 Other (Describe in Part XIV) R 9 <3,813. Total adjustments (net) Add lines 4-8 249,231 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1,583,808. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 <3,813. 2a a Net unrealized gains on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d 2e <3,813.> e Add lines 2a through 2d 1,587,621. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 587 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,334,577. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Losses reported on Form 990, Part IX, line 25 2c 2d d Other (Describe in Part XIV) 2e e Add lines 2a through 2d 1,334,577 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIV) 4c c Add lines 4a and 4b 334 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X: Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8 - Other Adjustments:

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b

Part XI, Line 8 - Other Adjustments:

Unrealized Gain on Mutual Fund Investment: -3813.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE 25-1685497 **AGRICULTURE** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants а Mail solicitations b Email solicitations g X Special fundraising events Phone solicitations In·person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name of individual to (or retained by) fundraiser have custody or control of (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2008 AGRICULTURE 25-1685497 Page 2

Part II Fundraising Events. Complete If the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with	gross receipts greater th					
			(a) Event #1 CONFERENCE - AUCTION	(b) Event #2	(c) Other Events None	(d) Tota (Add col ((a) thro	
			(event type)	(event type)	(total number)	COI	(c))	
Revenue	1	Gross receipts	22,198.			2	2,1	98.
	2	Less. Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	22,198.			2	2,1	98.
	4	Cash prizes						
ses	5	Non-cash prizes						
Direct Expenses	6	Rent/facility costs						
Direc	7	Other direct expenses				-		
	8	Direct expense summary. Add lines 4 through	n 7 in column (d)		•	(<u></u>)
	9	Net income summary Combine lines 3 and 8	ın column (d)			2	2,1	98.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
—т	_	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/Instant		(d) Total ga	amina i	Λdd
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) thro		
Revenue								
<u></u>	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Direct	4	Rent/facility costs			-			
	5	Other direct expenses						
			Yes %	Yes%	Yes %			
	6	Volunteer labor	No No	No	∟ No	<u> </u>		·
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•)
	8	Net gaming income summary Combine lines	1 and 7 in column (d)		<u> </u>		<u> </u>	
						F	Yes	No
		ter the state(s) in which the organization opera		ntatan?		9a		
		he organization licensed to operate gaming ac No,* Explain	tivities in each of these s	states :		30		
-	,,							
					· · · ·			
		year?	10a					
b	If "	Yes," Explain						
				<u>-</u> .				
11	Do	es the organization operate gaming activities v	vith nonmembers?			11		********
12		the organization a grantor, beneficiary or truste		of a partnership or other	r entity formed to			
	ad	minister charitable gaming?			 	12		

Schedule G (Form 990 or 990-EZ) 2008 AGRICULTURE	25-1685	<u>4</u> 97 _F	age 3
•		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and r	records:		
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1	5a	-
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the ar of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address:	nount		
Name			
Address Gaming manager information			***************************************
Name			***************************************
Gaming manager compensation \$			
Description of services provided ▶			
☐ Director/officer ☐ Employee ☐ Independent contractor			
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	1	7a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the exempt organizations or spent in the exempt organizations or spent in the exempt organization organization or spent in the exempt organization organization organization organization organization organization organization organization o	ļ		

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O

(Form 990)

832211 12-18-08

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE

Employer identification number 25-1685497

Form 990, Part I, Line 1, Description of Organization Missic	on:
environmentally sound, and community oriented.	
Form 990, Part III, Line 4a, Program Service Accomplishments	5
conference alone is known to be one of the largest in the co	ountry
pertaining to the concept of sustainable agriculture, and ha	as attracted
more than 1,600 people from as many as 37 states.	
The costs of pursuing these objectives include \$195,375 for	the
conference, \$50,723 to support public policy, and \$113,877	for
educational outreach (farm-based education & research).	
Form 990, Part VI, Section A, line 10: FORM 990 IS PROVIDED	TO PASA
MANAGEMENT AND REVIEWED PRIOR TO FILING.	
Form 990, Part VI, Section B, Line 15: EXECUTIVE DIRECTOR'S	SALARY IS
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.	
COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS REVIEWED ON AN	N ANNUAL BASIS
AND IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECT	rors.
Form 990, Part VI, Section C, Line 18: PASA'S FORM 990 IS AV	AILABLE UPON
REQUEST AT THEIR MAIN OFFICE IN MILLHEIM, PA.	
Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE Employer identification number Name of the organization 25-1685497 AGRICULTURE PASA'S MAIN OFFICE IN MILLHEIM, PA.

60308 PA Association for Sustainable Agricult

25-1685497

FYE: 12/31/2008

Book Depreciation by Group

09/23/2009 3·55 PM Page 1

Date In Book Book Book Prior **Book Current** Book Book Property Description Asset Service Method Period Cost Depreciation Depreciation End Depr Group: Office & Computer Equip Telephone System 5/29/99 3,900 00 3.900 00 0.00 3,900 00 2 G3 Tower 6/04/99 S/L 5 0 1.939 00 1.939 00 1.939 00 0.00 Power Mac Computer 11/20/98 S/L 50 2,418 00 2,418 00 0.00 2 418 00 IMAC Computer 9/29/99 S/L 50 1.559 00 1,559 00 1.559 00 0.00 Gateway Computer Compaq Computer 8/31/00 S/L 5.0 1 050 00 1.050 00 0.00 1.050 00 7/31/01 S/L 5 0 3.128 00 3.128 00 0.00 3,128 00 Dell Computer 10/17/01 S/L 5 0 141800 1,418 00 0.00 1,418 00 Digital Camera 10/17/01 S/L 50 1.215 00 1.215 00 0.00 1.215 00 Filemaker Pro 5 5 Software 1.724 00 1.724 00 7/12/02 S/L 3 0 0.00 1 724 00 S/L Mac Powerbook 9/13/02 50 2 670 00 2.670 00 0.00 2 670 00 Digital Projector 6/30/03 S/L 50 2,485 00 2.236 50 248 50 2 485 00 Voice Mail System 6/30/03 S/L 100 00 50 1,000 00 900 00 1,000 00 17 Printers 9/30/03 S/L 50 1.259 00 1.070 15 188 85 1.259 00 Laptop - Dell 2.244 50 18 9/30/03 S/L 5.0 1,907 83 2.244 50 336 67 Oak Desk 20 9/21/05 S/L 531.32 239 09 5.0 106 26 345 35 Telephone Upgrade 10/07/05 S/L 50 680 00 306 00 136 00 442 00 S/L Dell Computer 9/23/05 5.0 1.703 00 766 35 340 60 1.106 95 Apple Computer - IMAC G5 8/05/05 S/L 50 1,994 14 963 84 398 83 1.362 67 Averatec Notebook S/L 5/11/05 50 1.549.89 826 33 309.98 1 136.31 Averatec Notebook 5/11/05 S/L 50 1 099 95 586 64 219 99 806 63 Averatec Notebook 5/11/05 S/L 1 099 95 219 99 5 0 586 64 806 63 Canon Laser Multifunction Printer 10/27/05 S/L 50 664 15 287 80 132 83 420 63 2.906 26 581 25 368 37 Apple Computer - Powerbook 8/05/05 S/L 5.0 1 404 69 1.985 94 HP Pavilion Laptop Computer 3/16/07 S/L 276 28 5 0 1.841 87 644 65 Dell Inspiron Laptip Computer 6/21/07 S/L 885.96 88 60 50 177 19 265 79 Apple MacBook Laptop Computer 8/27/07 S/L 1.570 00 5.0 104 67 314 00 418 67 HP av2500t Laptop Computer S/L 11/06/07 50 1.502 98 50 10 300 60 350 70 Thomson/CS CBS In-Office Compu 11/08/07 S/L 3.0 1.200 00 400 00 66 67 466 67 HP Compac 6910p Notebook Comp S/L 10/04/07 5 0 1.599 00 79 95 31980 399 75 Apple MacBook 6/11/08 S/L 5 0 1.299 00 0.00 151.55 151 55 Data Conversion Software - Charite 6/30/08 15.000 00 Memo 3 0 0.00 0.00 0.00 Kintera Software 6/30/08 Memo 11.168 34 0.00 0.00 0.00 Sire Advertising - Website Redesign Apple MacBook 2 4 GHZ 7/31/08 S/L 5.0 0.00 4.290 62 35755 357 55 S/L 9/30/08 5.0 1.648 00 0.00 82 40 82 40 Apple MacBook 2 1 GHZ 9/30/08 S/L 50 1.268 00 0.00 63 40 63 40 S/L S/L 41 Apple iMac 9/30/08 5 0 1.386 00 0.00 69 30 69 30 Apple 1Mac 2GB 43 12/02/08 1,299 00 5 0 0.00 21 65 21 65 S/L Applecare Protection - iMac 12/02/08 161 00 5.0 0.00 2 68 2 68 HP Pavinon PC - Conference 11/11/08 S/L 50 699 99 23.33 0.00 23 33 23.33 HP Pavilion PC S/L 11/11/08 699 99 23 33 5.0 0 00 25.29 Apple MacBook Pro 2 4 GHZ 12/01/08 S/L 50 1.517 35 0.00 25 29

Group. Vehicles

Epson Stylus NX 400 Inkiet

AppleCare Protection - MacBook

12/01/08

12/01/08

S/L

S/L

Office & Computer Equip

12 16	Truck 2000 GMC Truck Refridge Unit for Truck 2005 Subaru Forester	6/06/01 7/30/02 6/30/03 7/12/05	S/L S/L S/L S/L	5 0 5 0 5 0 5 0	18 000 00 24.277 50 4.948 70 21.555 08	18 000 00 24,277 50 4,453 83 10,777 55	0 00 0 00 4 94 87 4.3 11 02 4 805 89	18 000 00 24.277 50 4.948 70 15 088 57
			G	Vehicles	158.509 32	91.278 01	10 833 63	102.111 64

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1 67

5 88

6.027 74

1 67

5 88

39 796 87

Form 8868 (Rev April 2008)

Department of the Treasury internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, complete only Part I and check this per filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II	
Do not com	plete Part II unless vou nave aiready been granted an automatic 3-month extension on a	3888 mor files form 8868
Partell	Automatic 3-Month Extension of Time. Only submit original (no copies ne	eded)
	on required to file Form 990-T and requesting an automatic 6-month extension—on	
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Formincome tax returns	7004 to request an extension of
one of the inelectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month a returns noted below (5 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolicated Form 990-T. Instead, you must submit the fully completed at one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, vou cannot file Form 8858 ns 990-BL, 6069 or 8870 group na signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE	25-1685497
Tile by the oue date for filing your	Number, street, and room or suite no. If a P.O. dox, see instructions 114 WEST MAIN STREET	
return See	City, town or post office, state, and ZIP code. For a toreign address, see instructions	
מחכנוסטרנופחו	MILLHEIM, PA 16854	
Cneck type X Form 99 Form 99 Form 99 Form 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust) C-EZ Form 990-T (trust other than above)	Form 4720 Form 5227 Form 6069 Form 8870
 If the orga If this is for the whole 	No ► (£14) 349-9£56 FAX No ► (£14) 349- n⊏ation does not have an office or place of business in the United States, check this part a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ► I if it is for part of the group, check this pox e names and ElNs of all members the extension will cover.	ox
1 reau until tor <u>tn</u> e	rest an automatic 3-month (6 months for a corporation required to file For AUGUST 15, 20.09, to file the exempt organization return for the organization organization's return for calendar year 20.08 or, 20, and ending	
2 lí tnis	tax year is for less than 12 months, check reason 🏻 Initial return 🔲 Final return	Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative the nonrefundable credits. See instructions	ax,
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated into made. Include any phorivals overbayment allowed as a credit.	35 S
ceposi	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or if required twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymin). See instructions	ec en Santa
Caution, If y	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 instructions	8459-EO and Form 8679-EO
For Privacy A	Act and Paperwork Reduction Act Notice, see Instructions	Form 8868 (Rev. —2008)

BK⊅

Form 8858 (Rev 4-2008)		Sage 2
Note. Only If you ar	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II complete Part II if you have already been granted an automatic 3-month extension on a previce filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	ously filed Form 8868.	
Rat Land	Additional (Not Automatic) 3-Month Extension of Time. You must file original		
Type or print		moloyer identification 25-1685497	nember
File by the extended		or IRS use only	
due date for filing the return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. MILLHIIM, PA 16854		
Check typ X Form 9 Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Form 6069 Form 8870	
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month extension on	a previously filed For	rm 8862.
 If the organized in the organized with the organized in the organ	e No ► (814) 349-9856 FAX No ► (814) 349-9840 anization does not have an office or place of business in the United States, check this body for a Group Return enter the organization's four digit Group Exemption Number (GEN) all group, check this box. If it is for part of the group, check this box is names and EINs of all members the extension is for. est an additional 3-month extension of time until NOVEMBER 15 , 20	If this	
5 For ca	siendar year 2008, or other tax year beginning, 20, and ending_		, 20
7 State	tax year is for less than 12 months, check reason. I initial return Tenal return In detail why you need the extension ADDITIONAL TIME IS NEEDED TO ACCUMENTS TO ENABLE THE PREPARATION OF A COMPLETE AND ACCUPATE RETURN		•
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax invidented programmes. See instructions	8a S	0.
estima	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ated tax payments made include any prior year overpayment allowed as a credit and any pilor paid previously with Form 8868.		
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposition coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instruction		0.
	Signature and Verification s of penuty, I declare that I have exactive this form, including accompanying schedules and statements, and to the sometimes and that I am/aumorized to prepare this form	the best of my knowledge	and belief,

Title > JOSEPF P FEDELI, CFA

Date - 08/13/2009

Form 8868 (Rev 42008)