

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



Department of the Treasury Internal Revenue Service

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)

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

2009

Open to Public Inspection

<u>A</u>	For the 20	009 calendar year, or tax year beginning $07/01/09$, and ending $06/30/3$	10		
В	Check if applic	cable. Please C Name of organization FOUNDATION FOR PENNSYLVANIA		D Empi	oyer identification number
	Address chan	use IRS WATERSHEDS		1	
$\bar{\Box}$	Name change	Dougg Displaces As		20	-8746105
\exists	_	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telep	hone number
\sqcup	Initial return	See 116 MARKET STREET, SUITE 4		81	4-536-7741
Ш	Termination	Specific Instruct City or town, state or country, and ZIP + 4	-	G Gross red	eipts \$ 1,280,436
\Box	Amended retu				
\exists				H(a) is this	s a group return for
Ш	Application pe	enoung The last and a state of printing of the last and a state of printing of the last and a state		affilia	
				H(b) Are a	Il affiliates
				includ	, attach a list. (see instructions)
_	Tax-exemp	ot status X 501(c) (3) (Insert no) 4947(a)(1) or 527		┤ "```	, attach a list (see list belons)
÷	Website:			Way 0	
<u>-</u>			· · · · · · · · · · · · · · · · · · ·	1 H(c) Gm	p exemption number
	******		Year of formation 4	006	M State of legal domicile PA
	art 1	Summary			
	1 Brie	efly describe the organization's mission or most significant activities:			
8	l	THE ORGANIZATION HAS BEEN FORMED FOR CHARITABLE, SCIEN	• • •		
Ē		EDUCATIONAL PURPOSES, WITH A PARTICULAR FOCUS ON WORKIN	NG TO PROT	ECT PA	'S
ρ		WATER AND WATERSHEDS.			•
Š	2 Che	eck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25	% of its net asset	s.	•
ಷ	3 Nur	mber of voting members of the governing body (Part VI, line 1a)		3	8
98	4 Nur	mber of independent voting members of the governing body (Part VI, line 1b)		4	8
Vit	5 Tota	al number of employees (Part V, line 2a)		5	3
Activities & Governance	6 Tota	al number of volunteers (estimate if necessary)		6	0
•	1	al gross unrelated business revenue from Part VIII, column (C), line 12		7a	
		unrelated business taxable income from Form 990-T, line 34 RECEIVED		7b	0
			Prior Ye	ar	Current Year
	8 Cor	ntributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)	1,47	0,478	1,279,075
Ž	9 Pro	gram service revenue (Part VIII, line 2g)			
Revenuo	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 70)		9,399	1,361
œ		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1qc, and OBDEN, UT			
		al revenue - add lines 8 through 11 (must equal Part VIII-column (A), line 12)	1,47	9,877	1,280,436
		ants and similar amounts paid (Part IX, column (A), lines 1–3)		9,989	946,138
	4	nefits paid to or for members (Part IX, column (A), line 4)	-	7.5.5	
	1	anes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16	2,924	203,867
xpenses	l .	fessional fundraising fees (Part IX, column (A), line 11e)			200,007
Den	L	al fundraising expenses (Part IX, column (D), line 25) ▶			7
X	Ī	er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	26	7,837	348,001
		al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0,750	
	ł			9,127	-217,570
58	19 Rev	venue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or Fund Belances	20 Tota	al assets (Part X, line 16)		2,286	891,493
Ass	21 Tota	al liabilities (Part X, line 26)		3,010	779,508
Z S	22 Not	assets or fund balances. Subtract line 21 from fine 20		9,276	111,985
	art II	Signature Block //		J / L . U	
	G1 L 1X	Under pengities of perjury, I deglare that I have examined this return, including accompanying schedules a	and statements, and	to the best of	of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all info	mation of which pre	parer has an	y knowledge
Sig	ID.	In I Wan			-11-11
He					
ne	I C	Signature of officer Michael Kane, Board President		Date	
•					
		Type or print name and bile			Preparer's Identifying number
Pai	id	Preparer's Date	Check self-	199	(coo instructions)
		signature Illugiana fillilli CIH 5/10/	// employ	red > X	<u> </u>
	eparer's	Firm's name (or yours BULOW, HOTTLE & CO.		EIN	25-1188995
US	e Only	f self-employed), 950 E MAIN ST		Phone	_
		address, and ZIP+4 SOMERSET, PA 15501-2005		no	814-445-8961
May	the IRS d	liscuss this return with the preparer shown above? (see instructions)	·_		Yes No
For	Privacy A	Act and Paperwork Reduction Act Notice, see the separate instructions.	01	7	Form 990 (2009)
DAA			41	/	σ Π

DAA

(Expenses \$

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

including grants of \$

1,477,406

Form 990 (2009)

Part IV	Chackliet of Baguirad Schadulae	
PAILIV	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,"	İ		
	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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	1		
	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 similar funds or 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,	_ :		77
_	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	8	-	X
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,"			v
40	complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		x
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		~	
•	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	[i
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	,		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII]		-
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		I	
	reported in Part X, line 16º If "Yes," complete Schedule D, Part IX		İ	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		- 1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- }	
	Schedule D, Parts XI, XII, and XIII	12		X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ı	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		- 1	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			72
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Ì	v
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
	If "Yes," complete Schedule G, Part III	19 20	+	$\frac{\mathbf{\hat{x}}}{\mathbf{x}}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			"
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		•	
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1	ļ	1
	24b through 24d and complete Schedule K. If "No," go to line 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		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a			<u> </u>	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ľ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	7 4		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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
3	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,			
	!II, IV, and V, line 1	34	X	
5	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
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	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,		1	
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		{	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
	<u> </u>		000	(0000

	irt v Statements Regarding Other IRS Fillings and Tax Compliance							
40	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,			٢		Yes	_No
Ia	U.S. Information Returns. Enter -0- if not applicable	1a	l	6				İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	-	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		٠.	<u> </u>				
	gaming (gambling) winnings to prize winners?	portuo			1.	1c	x	}
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1			j-			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		<u>. </u>			2ь	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				F	==-		
	instructions)				ŀ			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by						
	this return?					3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O					3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fire	nancial			1		ſ	
	account)?				<u> </u>	4a		X
b	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.					_]		37
ъ ъ	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ation?			<u> </u>	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg				 	5b		
•	Prohibited Tax Shelter Transaction?	arung			، ۱	5c	1	
6a		ne			 '	-		
	organization solicit any contributions that were not tax deductible?				، ا	6a	i	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or			F			
	gifts were not tax deductible?				Le	6b		
7	Organizations that may receive deductible contributions under section 170(c).							3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods					1	
	and services provided to the payor?				1	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				<u> _7</u>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			1_	_	i	77
	required to file Form 8282?	!	1		<u> -7</u>	C		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	Ļ					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	ersona	2 1		١,	/e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-	art?			<u> </u>	7f		$\frac{\mathbf{x}}{\mathbf{x}}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?					g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0						$\neg \uparrow$	
	required?				7	/h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting							
	${\bf organizations.}\ {\bf Did}\ the\ supporting\ organization,\ or\ a\ donor\ advised\ fund\ maintained\ by\ a\ sponsoring$					-	ļ	
	organization, have excess business holdings at any time during the year?				<u> </u>	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				1 -		}	37
a	Did the organization make any taxable distributions under section 4966?					a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did the organization make a distribution to a donor, donor advisor, or related person?				-3	<u>d</u>		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12	10a			j			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a						
11	Section 501(c)(12) organizations. Enter		_				- 1	
a	Gross income from members or shareholders	11a				-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against]	
	amounts due or received from them)	11b						
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	, ,			1:	2a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_			990	·
					-	-000	MMIL	10000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1s Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employees 3 Did the organization of entering supplication changes between the supplication changes any supplication changes are specified to supplicate the supplication changes on the organization of entering supplication changes to its organizational documents such between the prior Form 990 was filed? 5 Did the organization nakes are specified in changes to its organizational documents such between the prior Form 990 was filed? 5 Did the organization have members or stockholders; or other persons of the governing body? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization changes on the governing body subject to approval by members, stockholders, or other persons? 6 Did the organization changes of the governing body? 7 Did the organization changes of the governing body? 8 Did the organization changes of the governing body? 9 Did the organization changes of the governing body? 9 Did the organization have local chapters, branches, or efficiates? 1s Universal organization organization have local chapters, branches or ensure their organization provided a copy of the Form 990 to all members of its governing body before filing the form organization have local chapters, prinches, or efficiates? 1s If Yes, footing the form organization have local chapters, and the organization or required by the Internal Revenue Code. 1s The organization have local chapters, branches, or efficiates? 1s Did the organization have local chapters and procedures governing the actives of such chapters, affiliates, and branches to ensure their organization brave with the submitted branches of the organizatio		Men. 74 Governing Body and management				Γ.,	T
b Einet the number of voting members that are independent Dot any officer, director, trustee, or key employees? 3 Det the organization delegate control over management duties customanly performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Det the organization have make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Desides the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Desides the organization have members, stockholders, or other persons? 7 Desides the organization have members, stockholders, or other persons? 7 Desides the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a Trie governing body? 8 Like the properties with the stockholders of the governing body? 9 Is been any officer, director, trustee, or key employees itself in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 Like the stockholders of the properties of the properties of the organization have local chapters, branches, or affiliates? 10 Dese the organization have local chapters, branches, or affiliates? 10 Dese the organization have a written conflict of interest policy? If Yes, go to the organization in April 20 Desembers or discovers or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 10 Desember organization have a written organization or the desiberation and decision? 11 D	10	Enter the number of voting members of the governing body	امدا	8	["	Yes	No
Do day officer, director, fursities, or keye employee have a family relationship or a business relationship with any other officer, director, such each grey employees to a management company of orther person? 3					- 		}
any other officer, director, frustee, or key employee? Dot the organization delegates control over management duties customanly performed by or under the direct supervision of officers, directors or frustees, or key employees to a management company or other person? 4		•••	101		-		
3 Did the organization delegate control over management duties customanity performed by or under the direct supervision of officers, directors or flustees, or sey employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members as stockholders? 7 Did be the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 A a Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 A a processing of the governing body subject to approval by members, stockholders, or other persons? 7 A X 7 B Did the organization charmagement under the meetings held or written actions undertaken during the year by the following 8 The governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee sisted or Fart VIII, Section A, who cannot be reached at the organization or making address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code). 10 Dees the organization have local chepters, branches, or affiliates? 10 Dees the organization have local chepters, branches, or affiliates? 11 A the segmentation have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 A the segmentation have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 A The organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," does the organization have a written conflict of interest policy? If "N	-				9		v
supervision of officers, directors of trustees, or key employees to a management company or other person? A	2				 	\vdash	
b dit de organization make any significant changes to its organizational documents since the pinor Form 980 was filed? 5	3],]	v
Does the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization have members or stockholders? To bos the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A rea any decisions of the governing body subject to approval by members, stockholders, or other persons? To b X Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body? B Leach committee with authority to act on behalf of the governing body before fling the gove	A		Glod?				
B Dees the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a A X 7b A A any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X 8b A X 8b Ex Description of the governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 8b A X 8cection B. Policles (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 11b Has the organization provided a copy of this From 990 to all members of its governing body before filling the form? 11c Does the organization have a written conflict of interest policy? If *No.* go to time 13 12c Does the organization have a written conflict of interest policy? If *No.* go to time 13 12c A y Code the organization have a written double of the organization to review this Form 990. 12d Does the organization have a written double of the organization to review this Form 990. 12d Does the organization have a written double of interest policy? If *No.* go to time 13 12c A y Code the organization have a written double of the organization or required to the policy of the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* 12d A y Code the organization have a written double of the organization of the deliberation and decision? 12d A the organization have a written double of the organizat			nieu ?				
Ta Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b						<u> </u>	
of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	_	-			-		A
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B X 9 Is there any officer, director; trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization frameling address? If "Sec," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10f 10g Set the organization have local chapters, branches, or affiliates? 10f 10g Set the organization have internal policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 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? 10b 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? 10b If "Yes," does the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b X 12c X 12c Does the organization results and the process of the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 12c X 12c Does th	7 d	· · · · · · · · · · · · · · · · · · ·					v
8 bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, 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 g the organization's mailing address? If "Yes," provide the names and addresses in Schedule O section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? b if "Yes," does the organization have written policies and procedures governing the activities of such chapters, if "Yes," does the organization have written policies and procedures governing the activities of such chapters, if "Yes," does the organization have written policies and procedures governing the provided of the organization of the						<u> </u>	V
a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization in main gadress? If Yes," provide the names and addresses in Schedule O section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10f 1/9e, "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? 10b If "Yes," does the organization have written policies and procedures governing body before filling the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O thom this is done 12d Describe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12d Describe organization have a written whistleblower policy? 12d Describe organization have a written whistleblower policy? 12e Describe organization have a written whistleblower policy? 12e Describe organization have a written whistleblower policy? 12e Describe organization have a written whistleblower policy? 12e Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the de					/ <u>/B</u>		
a The governing body? b Each committee with authority to act on behalf of the governing body? s is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10f 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? 10b I was an organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 As the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 A rediction of the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe the Schedule O how this is done 14 A rediction of the organization have a written whistleblower policy? 15 Does the organization have a written whistleblower policy? 16 Does the organization have a written document retention and destruction policy? 17 List has the organization have a written document retention and destruction of the deliberation and decision? 18 The organization's CEO, Executive Director, or top management official by If 'Yes,' has the organization organization while assets to, or participate in a joint venture	0				- 1		l
b Each committee with authority to act on behalf of the governing body? 9 is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization of mailing address? If Yes," provide the names and addresses in Schedule O 9	•					v	ł
s there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b 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? 10b If Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11d Describe organization have a written conflict of interest policy? If "No." go to line 13 11d Describe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 11d Describe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe the organization have a written whistieblower policy? 11d Describe organization have a written document retention and destruction policy? 12e Step Comparability data, and conference organization of the deliberation and decision? 12e The organization's ECC, Executive Director, or top management official 12e Describe organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point v	_				_		
at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Ar officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12b Cose the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 12d Does the organization have a written whistleblower policy? 13 Does the organization have a written the document retention and destruction policy? 14 Does the organization have a written the document retention and destruction policy? 15 Dot the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Dot the organization and persons include a review and approval by independent persons, comparability data, and contemporaneous understantiation of the deliberation and decision? 15a Dot the organization's CEO, Executive Director, or top management official 15b X 15r Yes, "has the organization adopted a written policy or procedure requiring the organization to evaluate its periodic process in Schedule O (See instructions) 15b If "Yes," has the organization adopted a	_				85	^	
Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a I Prives, "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? 10b I Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization requilarly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13b Does the organization have a written whistleblower policy? 15b Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15d Did the organization in SCEO, Executive Director, or top management official 15d Other officers or key employees of the organization in your time, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15d Did the organization in proting the process in Schedule O (See instructions) 15d Did the organization in the process in Schedule O (See instructions) 15d Did the organization in the process in Schedule O (See instructions) 15d Did the organization in proting the year? 15d Did the organization in the number of the process in Schedule O (See instruc	9						
10a Does the organization have local chapters, branches, or affiliates? 10a X	500		40.000		19		Α
10a Does the organization have local chapters, branches, or affiliates? b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 I William Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Coes the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c C Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 13b Does the organization have a written whistleblower policy? 14b Does the organization have a written document retention and destruction policy? 15c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15c A The organization's CEO, Executive Director, or top management official 15d Did the organization in yet written process in Schedule O (See instructions) 15d Did the organization in yet year? 15d Did the organization in yet written process in Schedule O (See instructions) 15d Did the organization in yet year? 15d Did the organization in yet written process in Schedule O (See instructions) 15d Did the organization in yet written process in Schedule O (See instructions) 15d Did the organization in yet written process in Schedule O (See instructions) 15d Did the organization in yet written process in Schedule O (See instruct			nema	13			
10a	<u>re</u>	venue code.)					Г
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, and key employees required to disclose annually interests that could give rise to conflicts? 12 Describe in Schedule O how this is done 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 14 Dess the organization have a written whistleblower policy? 15 Describe organization have a written whistleblower policy? 16 Describe organization have a written whistleblower policy? 17 Describe organization have a written whistleblower policy? 18 Describe organization in compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 18 Describe or key employees of the organization 19 Describe or key employees of the organization 19 Describe or key employees of the organization 19 Describe or key employees of the organization 19 Describe organization in point undersort, no contribute assets to, or participate in a joint venture or similar arrangement 19 With a taxable entity during the year? 10 Describe organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 19 Describe in Schedule O whether (and if so, how), t	40-	Dage the assessmention have local phontous because of affiliates 0			40.	Yes	
affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filting the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 13 A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Does of the organization's CEO, Executive Director, or top management official 16 Did the organization's CEO, Executive Director, or top management official 17 The organization's CEO, Executive Director, or top management official 18 X 19 If "Yes," the stop organization and the process in Schedule O (See instructions) 19 Unit officers or key employees of the organization with a taxable entity during the year? 10 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 11 If "Yes," has the organization and adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements which a copy of this Form 990 is required to be filed Parameters. Parameters of the organization of the defi					10a		A
Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process or key employees of the organization 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dif the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18 Diff the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? 16 Diff the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? 16 Down website X Another's website X U	D	· · · · · · · · · · · · · · · · · · ·			401		
form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Des the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process for desprey policy es of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization applicable requires an organization applicable requires an organization applicable requires an organization applicable for public inspection Indicate how you make these available Check all that apply 16 Down website X Another's website X Upon request 17 List the states with which a copy of this Form 990 is required to be filed PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicab	44	· · · · · · · · · · · · · · · · · · ·			106	-	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a X 12a X 12b Ar officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c X 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organizations CEO. Executive Director, or top management official 15 Other officers or key employees of the organization 15 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 Veryon, "As the organization or panization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply 10 Own website X Another's website X Upon request 11 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 11 Market Street 12 Does the organization in trust. Kane	11					.	
12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 16 The organization's CEO, Executive Director, or fop management official 16 Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dif Yes, "has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection Indicate how you make these available Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MICHAEL KANE	440				11	^	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 6 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 6 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 8 Section C. Disclosure 15a X Section C. Disclosure 15b PA 15c Section C. Disclosure 15c VA 15c VA 15d VA					40	v	
rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management sufficial b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 77 List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply □ Own website	_				12a	Λ	
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 X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 15 Did the organization in inset in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? 16 Veryon, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply 19 Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization. ▶ MICHAEL KANE	D						
describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure T List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL KANE 116 MARKET STREET					126		
13 X 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 15 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a X 16a X 16a X 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization MICHAEL KANE 116 MARKET STREET	C						
14	40						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official 15b X 15b X 15b X 15c TX						<u>~</u>	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization fi "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 15a X 15b X 15b X 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection Indicate how you make these available Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MICHAEL KANE 116 MARKET STREET					14		
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL KANE 116 MARKET STREET	15						
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL KANE 116 MARKET STREET						.	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MTCHAEL RANE 116 MARKET STREET						^	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b 16b 16c 16c 16c 16c 16c 16c	D	• • •			130	{	
with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b 16c 16c 16c 16c 16c 16c 16c	16-	· · · · · · · · · · · · · · · · · · ·					
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL KANE 116 MARKET STREET	104				460	ı	v
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MICHAEL KANE.	_	· · · · ·			10a		
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MICHAEL KANE 116 MARKET STREET	Ð						
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MICHAEL KANE 116 MARKET STREET					466	ŀ	
17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶ MICHAEL KANE 116 MARKET STREET				-	[160]		
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 for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization. MICHAEL KANE 116 MARKET STREET							
available for public inspection. Indicate how you make these available. Check all that apply Own website. X Another's website. X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MICHAEL KANE 116 MARKET STREET		···	onka				
Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization MICHAEL KANE 116 MARKET STREET	10	• • • • • • • • • • • • • • • • • • • •	Unity)				
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL KANE 116 MARKET STREET							
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL KANE 116 MARKET STREET	40		rest				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL KANE 116 MARKET STREET	19		,				
organization ▶ MICHAEL KANE 116 MARKET STREET	20		the				
	20						
	.т/		1	81	4-53	6-7	741

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 Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees See instructions for definition of "key employee."
- 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.

R. JOHN DAWES DIR. c ADMIN 40.00 X X X 125,176 O O O	Check this box if the organization	T	sate:	any o			ficer,	dire			
R. JOHN DAWES DIR. & ADMIN 40.00 X X X X 125,178 0 0 0 0 0 0 0 0 0	(A) Name and Title	(B) Average	Pos	ition ((F) Estimated				
DIR. & ADMIN		hours per			-				compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
LARRY SELZER DIRECTOR JOSH WHETZEL DIRECTOR DR. COLESON BLAKESLEE DIRECTOR O.20 X H.W. (SKIP) WIEDER, JR. SECRETARY O.50 X CAREN GLOTFELTY DIRECTOR O.60 X SCOTT IZZO TREASURER O.50 X X O O O O O O O O O O O O	,	40.00	J.			v			125 170	0	(
DIRECTOR 0.15 X 0 0 0		40.00	12		-	^	^	_	125,176		
JOSH WHETZEL		0.15	x		İ				o	o	ď
DR. COLESON BLAKESLEE DIRECTOR 0.20 X 0 0 H.W. (SKIP) WIEDER, JR. SECRETARY 0.50 X X 0 0 CAREN GLOTFELTY DIRECTOR 0.60 X 0 0 SCOTT IZZO TREASURER 0.50 X X 0 0 DR. NEIL KOROSTOFF DIRECTOR 0.15 X 0 0 MICHAEL KANE PRESIDENT 1.15 X X 0 0	JOSH WHETZEL							-		0	(
H.W. (SKIP) WIEDER, JR. SECRETARY 0.50 X X 0 0 CAREN GLOTFELTY DIRECTOR 0.60 X 0 0 SCOTT IZZO TREASURER 0.50 X X 0 0 DR. NEIL KOROSTOFF DIRECTOR 0.15 X 0 0 MICHAEL KANE PRESIDENT 1.15 X X 0 0											
SECRETARY			X						0	0	
CAREN GLOTFELTY DIRECTOR											
DIRECTOR		0.50	X		X				0	0	
SCOTT IZZO		0.60									C
TREASURER 0.50 X X 0 0 DR. NEIL KOROSTOFF DIRECTOR 0.15 X 0 0 MICHAEL KANE PRESIDENT 1.15 X X 0 0		0.80	^				\vdash				
DR. NEIL KOROSTOFF DIRECTOR 0.15 X 0 0 MICHAEL KANE PRESIDENT 1.15 X X 0 0		0.50	x		x				0	o	d
DIRECTOR 0.15 X 0 0 MICHAEL KANE PRESIDENT 1.15 X X 0 0 0											
PRESIDENT 1.15 X X 0 0	DIRECTOR		X						0	0	<u> </u>
										_	_
	PRESIDENT	1.15	X		X		\square		0	0	<u> </u>
	· ·· · · ·										
	· · · · · · · · · · · · · · · · · · ·										
											Form 990 (2009

<u>_Pa</u>	Irt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y E	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			
	' (A) Name and Title	(B) Average hours per			chec		that a		(D) Reportable compensation	(E) Reportable compensation	Est	(F) imated ount of	
		week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the inization related nizations	ı
							-						
												_	
													_
	Total							₽	125,178				
2	Total number of individuals (increportable compensation from	=		_	hose	e list	ed a	bove	e) who received more than	\$100,000 in			
_	reportable compensation from	the organization	<u> </u>									Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Sched 1a, is the sum o	lule J of rep	J for porta	suct	ind com	ividu pens	al atıoı	n and other compensation	from	3		х
5	the organization and related or individual Did any person listed on line 1a										4	 	X
	services rendered to the organ	*	com	plet	e Sc	hed	ule J	for :	such person		5	<u> </u>	<u> </u>
1	tion B. Independent Contractor Complete this table for your five compensation from the organization	e highest compe	nsat	ed in	ndep	ende	ent c	ontr	actors that received more t	han \$100,000 of			
	Name and t	(A) ousiness address							Descript	(B) ion of services		(C) Compensa	rbon
												<u>. </u>	
											-		
		 											
2	Total number of independent of						ed to	thos	se listed above) who receive	ed		0	
DAA	more than \$100,000 in comper	nsation from the	orga	niza	tion		_				Fc	m 990	(2009)

DAA

Pa	<u>ırt V</u>	<u>'III Stater</u>	nent of Reve	nue						·
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated car	mpoigns	1a				Tevende		012, 010, 01014
Program Service Revenue Contributions, gifts, grants and other similar amounts	l la						1			
PE	b	Membership o		1b		····	1			}
T a	C .	Fundraising e		1c			+			
2	d	Related organ		1d			-]
Sis	е		-	_1e			4			
Ħ	f	All other contribution			_					
흔형		and similar amount	s not included above	_1f	1	,279,075			İ	
g	g	Noncash contribution	ons included in lines 1a-	16	\$]		د	1
	<u>h</u>	Total. Add line	es 1a-1f			•	1,279,075	<u> </u>		
E E						Busn. Code	,	<u> </u>	<u></u>	
Ver	2a									
8	b									
2	С									
Ser	đ									
Ē	е		•							
ğ	f	All other progr	ram service reve	nue						
Ę	q	Total. Add line				D				
_	3		come (including	dıvıder	nds. inter	est and	 	† · · · · · · · · · · · · · · · · · · ·	 	
		other similar amounts)					1,329			1,329
	4		nvestment of tax	-exem	nt bond t	oroceeds D		 	 	
	5	Royalties	incomment or tax	CACITI	pt bond p	>			 	
	Ĭ	Royalics	(ı) Real		(n)	Personal			 	, , , , , , , , , , , , , , , , , , ,
	6-	Gross Rents	(i) iteal		(11)	Crooner	+	_		
	6a			-			1	[
	b	Less rental exps					1	,	, ,	
	C .	Rental inc or (loss)					1	j		
	d 7a	Net rental inco				<u> </u>				
		sales of assets	(i) Securities	·	(11) Other	i		544	
		other than inventory				32			_	
	b	Less cost or other					İ	1		
		basis & sales exps								
i	C	Gain or (loss)				32		'	'	
	d	Net gain or (lo	ss)	_			32			32
	8a	Gross income fro	om fundraising ever	nts						
enu.		(not including \$								1
ě		of contributions r	eported on line 1c).	.]	
٦		See Part IV, line	18	a	_				'	
Other Reven	b	Less direct ex	penses	b					, ,	
0	С	Net income or	(loss) from fund	raising	events	>				
			om gaming activities	г				:\ <u>1</u>		
		See Part IV, line		a						
Į	b	Less direct ex		ь						
			(loss) from gam	no act	ivities	•				
			inventory, less	ا ا						
	100	returns and alle	•							
		Less cost of g		a b						
1				L		b]	
- }			(loss) from sales	or inv	entory					
ŀ	44-	IVIISCE	Sugneous Veveline			Busn. Code				
	11a					 				
1	b									
- 1	C							ļ		
		All other reven								
		Total. Add line				•		_ 		
	12	Total Revenue	e. See instruction	ıs		Þ	1,280,436	0	0	1,361

Statement of Functional Expenses Part IX

Form 990 (2009)

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				<u> </u>
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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	946,138	946,138		
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				
	US See Part IV, lines 15 and 16				
4	Benefits paid to or for members	 			
-	•				
5	Compensation of current officers, directors,	105 170	105 170		
	trustees, and key employees	125,178	125,178		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		j		
	persons described in section 4958(c)(3)(B)	40.000			
7	Other salaries and wages	43,878	30,000	13,878	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	8,000	8,000		
9	Other employee benefits	14,171	14,171		
10	Payroll taxes	12,640	11,353	1,287	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,000		1,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	53,800	53,800		
g		33,000			· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses	32		32	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	4,404	4,404		····
17	Travel	4,404	4,404		
18					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	•				
	Conferences, conventions, and meetings	1 055		1 055	
20	Interest	1,055		1,055	
21	Payments to affiliates	1 (20		1 600	
22	Depreciation, depletion, and amortization	1,639		1,639	
23	Insurance	1,434		1,434	
		1	,		
24	Other expenses Itemize expenses not	Ì			
	covered above. (Expenses grouped together	1	j		
	and labeled miscellaneous may not exceed				,
	5% of total expenses shown on line 25 below)				
а	PROGRAM SERVICE EXPENSE	146,865	146,865		
b	CONSULTING SERVICES	137,497	137,497		
C	MEMBERSHIPS/DUES/SUBSCRIP	275		275	
d					
е	į				
f	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	1,498,006	1,477,406	20,600	
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				
DAA					Form 990 (2009

	X Balance Sheet	******		(A) Beginning of year		(B) End of year					
1	Cash—non-interest bearing			1,428	1	1,428					
2	Savings and temporary cash investments	•	· [649,449		823,824					
3	Pledges and grants receivable, net		ļ-		3						
4	Accounts receivable, net		r		4						
5	Receivables from current and former officers, directors,	trustees, kev	·								
	employees, and highest compensated employees Com										
	Schedule L		<u> </u>		5						
6	Receivables from other disqualified persons (as defined	under section	ļ								
	4958(f)(1)) and persons described in section 4958(c)(3)(
,	Part II of Schedule L		6								
2 7 2 8	Notes and loans receivable, net		<u>\</u>		7						
8	Inventories for sale or use		1		8						
9	Prepaid expenses and deferred charges		L		9						
10	Land, buildings, and equipment cost or										
1	other basis Complete Part VI of Schedule D	10a	18,707	•		•					
t	Less, accumulated depreciation	10b	2,687	<u>2,446</u> 37,777	10c	16,020 46,230					
11	Investments—publicly traded securities										
12	Investments—other securities See Part IV, line 11			12							
13	Investments—program-related See Part IV, line 11	L		13							
14	Intangible assets		<u> </u>		14						
15	Other assets See Part IV, line 11		L	1,186		3,98					
16	Total assets. Add lines 1 through 15 (must equal line 34	1)		692,286		891,49					
17	Accounts payable and accrued expenses		<u> </u>	37,512	17	27,88					
18	Grants payable	Ĺ	323,637	18	25,00 723,54						
19	Deferred revenue	Deferred revenue									
20	Tax-exempt bond liabilities				20	·					
3 21	Escrow or custodial account liability Complete Part IV o	f Schedule D	L		21						
21 22	Payables to current and former officers, directors, truste	es, key			· 1	•					
<u> </u>	employees, highest compensated employees, and disqu	alified	İ		İ						
i	persons Complete Part II of Schedule L		<u> </u> _		22						
23	Secured mortgages and notes payable to unrelated third	parties			23						
24	Unsecured notes and loans payable to unrelated third pa	arties			24						
25	Other liabilities. Complete Part X of Schedule D		Ĺ.	1,861	25	3,075					
26	Total liabilities. Add lines 17 through 25			363,010	26	779,508					
3	Organizations that follow SFAS 117, check here ▶ 🔀	and			- 1						
<u> </u>	complete lines 27 through 29, and lines 33 and 34.										
27	Unrestricted net assets		Ĺ	329,276	27	111,985					
28	Temporarily restricted net assets			28							
29	• • • • • • • • • • • • • • • • • • • •				29						
<u> </u>	Organizations that do not follow SFAS 117, check her	e ▶									
5	and complete lines 30 through 34.				1						
30	Capital stock or trust principal, or current funds				30						
31	Paid-in or capital surplus, or land, building, or equipment	fund			31						
32	Retained earnings, endowment, accumulated income, or	other funds	_		32						
27 28 29 30 31 32 33 34	Total net assets or fund balances			329,276	33	111,985					
34	Total liabilities and net assets/fund balances			692,286	34	891,493					

Form **990** (2009)

om	990 (2009) FOUNDATION FOR PENNSYLVANIA	20-8746105		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
			·	Yes	No
1	Accounting method used to prepare the Form 990.	ıal Other			
	If the organization changed its method of accounting from a prior year or check Schedule O	ked "Other," explain in			
2a	Were the organization's financial statements compiled or reviewed by an indep	endent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accou	ntant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an	independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process du	inng the tax year, explain in			
	Schedule O		·		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial sta	atements for the year were	į į		
	issued on a consolidated basis, separate basis, or both	, , , , , , , , , , , , , , , , , , ,			
	Separate basis X Consolidated basis Both consolidated and se	parate basis	ľ		
3a	As a result of a federal award, was the organization required to undergo an aud				
	the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organi	zation did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FOUNDATION FOR PENNSYLVANIA WATERSHEDS

Employer identification number 20-8746105

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 a X Type I Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		described on lines 1-9 in col (i) listed in above or IRC section governing documents		nization in of your	organizat (i) organi	Is the non in col zed in the S ?	(vii) Amount of support
- 		<u> </u>	Yes	No	Yes	No	Yes	No		
COMMUNITY	OUNDATION OF 25-1637373	GREATER JOHNSTOV 11A	N X		x		x		1,468,006	
· · · · · · · · · · · · · · · · · · ·										
T-4-1									1 468 006	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

organization, check this box and stop here	
Section C. Computation of Public Support Percentage	

• •	Table deposit personage for 2000 (into 0; detailing (i) distable by into 11; detailing (i))		
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a	33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this b	ох	

and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. 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-2009. 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 10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 business under section 513							
4	Tax revenues levied for the organization'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 through 5							
7a	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	İ						
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)				, `			
Sac	tion B. Total Support					1		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	(4) 2000	(5) 2000	(0) 2001	(4) 2000	(e) 2009	(i) I otai	
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							
C	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)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·		rth, or fifth tax yea	r as a section 501(c)(3)	> [
Sec	tion C. Computation of Public Su	·						
15	Public support percentage for 2009 (line 8,		•	n (f))		15	<u>%</u>	
16	Public support percentage from 2008 Sche					16	%	
	tion D. Computation of Investme							
17	Investment income percentage for 2009 (li			column (f))		17		
18								
19a	• • • • • • • • • • • • • • • • • • • •						▶ [
	17 is not more than 33 1/3 %, check this b							
b	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization did						•	
~~	, a roundation if the organization did							

20-8746105

Page 4

art IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE C (Form.990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

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

OMB No 1545-0047 Öpen to Public Inspection

Employer identification number

20-8746105

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

Name of organization FOUNDATION FOR PENNSYLVANIA

• Section 501(c)(4), (5), or (6) organizations Complete Part III

WATERSHEDS

Pa	rt I-A Complete if the organization is e	xempt under section 50°	(c) or is a sect	ion 527 organizati	on.
1	Provide a description of the organization's direct and i	ndırect political campaign activil	ies in Part IV.		
2	Political expenditures			▶ \$ _	
3	Volunteer hours				
Pa	rt I-B Complete if the organization is e	xempt under section 50°	I(c)(3).		
1	Enter the amount of any excise tax incurred by the org	janization under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organia	zation managers under section	4955	▶\$_	
3	If the organization incurred a section 4955 tax, did it fi	le Form 4720 for this year?			Yes No
4a					Yes No
	If "Yes," describe in Part IV				
	rt I-C Complete if the organization is ex			tion 501(c)(3).	
1	Enter the amount directly expended by the filing organ	ization for section 527 exempt f	unction		
_	activities			▶\$_	
2	Enter the amount of the filing organization's funds con 527 exempt function activities	tributed to other organizations re	or section	. c	
3	Total exempt function expenditures Add lines 1 and 2	Enter here and an Form 1120	BOI.	P 3	
•	line 17b	Litter here and on Form 1720-	rot,	▶ s	
4	Did the filing organization file Form 1120-POL for this	vear?			Yes No
5	Enter the names, addresses and employer identification		27 political organizat	ions to which payments	[_].ss [_].ss
	were made. For each organization listed, enter the am				cal
	contributions received that were promptly and directly				
	fund or a political action committee (PAC). If additional	I space is needed, provide infor	mation in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
			<u> </u>		
		ļ			
=	Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 000	0.000.57	O should be of Tour	000 000 F7\ 0000
ror r	rivacy Act and Paperwork Reduction Act Notice, see	e are matructions for Form 990	しに ラブリーエル.	Scheaule C (Form	990 or 990-EZ) 2009

Sche	edule C (Ferm 990 or 990-EZ) 2009 FC	OUNDATION FO	OR PENNSYLV	ANIA	20-87461	.05 Page 2
	rt JI-A Complete if the organ				ed Form 5768 (ele	
	under section 501(h)).			•	
A	Check ▶ ☐ if the filing organize	ation belongs to a	n affiliated group			
В	Check ▶				is apply.	
		obbying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence					
	Total lobbying expenditures to influence	·	· -·			
С	- 4 14 11		,	·		
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add	l lines 1c and 1d)				
f	Lobbying nontaxable amount Enter the	amount from the follov	ving table in both			
_	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nont	axable amount is:			
Ĺ	Not over \$500,000	20% of the amount of	n line 1e		i	
{	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% c	of the excess over \$1,000,	000		
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c if zero or le	ss, enter -0-				
j	If there is an amount other than zero on	either line 1h or line 1i	, did the organization f	ile Form 4720 report	ting	
	section 4911 tax for this year?					Yes No
		4-Year Averagi	ng Period Under	Section 501(b)		
	(Some organizations th				complete all of the	ne five
			tructions for line			
	·					
	Lot	bying Expenditu	res During 4-Yea	r Averaging Pe	<u>riod</u>	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					7
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)).

		(a)		(D)	
		Yes	No	Amount	
1	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	.			
а	Volunteers?		X	• ,	
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
C	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X		
i	Other activities? If "Yes," describe in Part IV		X		
j	Total Add lines 1c through 1i		,	5,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912	,	, <u>.</u>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		. [
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	١,٠,٠	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	٠	
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	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 1i Also, complete this part for any additional information

SCHEDULE C, PART II-B, LINE 1I

THE FOUNDATION'S LOBBYING ACTIVITIES CONSIST OF LOBBYING FOR THE RENEWAL OF THE COALITION FOR GROWING GREENER INITIATIVE ASSOCIATED WITH PUBLIC EDUCATION OF PENNSYLVANIA'S ENVIRONMENTAL STEWARDSHIP EFFORTS.

Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2009 Open to Public

▶ Attach to Form 990. ▶ See separate instructions.

inspection

	e of the organization		Employer identification number
	OUNDATION FOR PENNSYLVANIA		00 0746105
_	ATERSHEDS	-dOther Oiriles Frederic	20-8746105
Pi	organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990,	nds or Otner Similar Funds or . Part IV. line 6.	Accounts. Complete if
		(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		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pi	art II Conservation Easements. Complete if the organic	anization answered "Yes" to For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically in	nportant land area
	Protection of natural habitat	Preservation of certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a consi	ervation
	easement on the last day of the tax year		
			Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/6	06	2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during
	the taxable year 🕨		
4	Number of states where property subject to conservation easement is le	ocated >	
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	year .
			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy to	he requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense stateme	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	describes
	the organization's accounting for conservation easements.		
Pa	Irt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar Assets.
			
та	If the organization elected, as permitted under SFAS 116, not to report		
	art, historical treasures, or other similar assets held for public exhibition		i public service,
L	provide, in Part XIV, the text of the footnote to its financial statements the		works of ort
D	If the organization elected, as permitted under SFAS 116, to report in its		
	historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in futilierance of pur	DIIQ SCIVICE,
	provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	••		<pre>\$</pre>
•	(ii) Assets included in Form 990, Part X	other similar assets for financial dain are	ovide the
2	If the organization received or held works of art, historical treasures, or		OAIGO (116
	following amounts required to be reported under SFAS 116 relating to the	nese nems	▶ \$
	Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
b	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2009 FOUNDATION	Y FOR PENNSI.	LVANIA		20-01	40105	Page 4
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Trea	asures,	or Other	Similar Asset	s (continued)
3	Using the organization's acquisition, accession collection items (check all that apply).	n, and other records, che	ck any of the follow	ving that a	re a signific	ant use of its	
а	Public exhibition	d 🔲 Loan	or exchange progra	ms			
þ	Scholarly research	e 🗌 Other	·				
С	Preservation for future generations						
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the org	janization'	s exempt pı	ırpose ın	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of	the organization's	collection'	?		Yes No
Pa ——	rt IV Escrow and Custodial Arra IV, line 9, or reported an am				nswered	"Yes" to Form	990, Part
1a	Is the organization an agent, trustee, custodian	n or other intermediary fo	or contributions or o	ther asse	ts not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the followin	g table				
							Amount
С	Beginning balance					1c	
đ	Additions during the year					1d	
9	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on For	m 990, Part X, line 21?					Yes No
b	If "Yes," explain the arrangement in Part XIV.						
Pa	rt V Endowment Funds. Comple	ete if organization a	inswered "Yes"	to Forn	n 990, Pa	rt IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance						
b	Contributions			T .	,		
С	Net investment earnings, gains,			1		-	
	and losses			Ì		÷ ;	- 1
ď	Grants or scholarships			1			,
	Other expenditures for facilities				4 2	" A 1	- 1
	and programs				*		1
	Administrative expenses			 -	,		
	End of year balance			1			
_	Provide the estimated percentage of the year e	nd balance held se		1		<u> </u>	
	Board designated or quasi-endowment	%					
	Permanent endowment > %	"					
	Term endowment > %						
	Are there endowment funds not in the possess	ion of the organization th	ant are hold and ad-	ministoros	l for the		
Ja		ion of the organization to	ial are rielu ariu aui	ministered	i ioi tiie		Yes No
	organization by (i) unrelated organizations						3a(i)
	(ii) related organizations				•		3a(ii)
	If "Yes" to 3a(ii), are the related organizations !	inted as required on Sah	adula P2				3b
	Describe in Part XIV the intended uses of the c	•					<u> </u>
	rt VI Investments—Land, Buildin			00 Part	Y line 10	<u> </u>	
rd	Description of investment	(a) Cost or other basis	(b) Cost or o			umulated	(d) Book value
	Description of investment	(investment)	basis (othe			eciation	(u) Book value
	Land	(Altreadille III)	1 0000 (0000	-,	ч		
	Land						
	Buildings						
	Leasehold improvements		10	3,707		2 607	16 020
	Equipment	<u>-</u>	18	,,,,,,,		2,687	16,020
	Other	L	human (D) hara 40(1)				16 020
ı otal.	Add lines 1a through 1e. (Column (d) must equ	ua: rom 990, Par X, co	iumn (8), line 10(c))		_	16,020

organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009 FOUNDATION FOR PENNSYLVANIA		20-874610		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		. ,	3	.
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net) Add lines 4 through 8			9	·
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	Irt XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	_2b			
¢	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d		-	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		i	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	irt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Nith Expenses per F	Returi	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		} }	
þ	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d		- 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		į	- }	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		.]	
C	Add lines 4a and 4b			4c	_
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIV Supplemental Information				
Om	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a a	and 4, Part IV, lines 1b		
ınd 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	es 2d a	and 4b. Also complete		
hıs p	art to provide any additional information				
	. 				
				- -	

Schedule E) (Fá	om 9	90) 2	2009	1	FOU	IND	AT	'IO	N	FO	R	PΕ	NN	SY	LV	'AN	ΙA	7				2	20-	87	146	510)5_		_				Pa	ge 5
Part XI	V	Su	pple	eme	nta	l Int	forr	nat	ion	(cc	nti	nue	d)																						
	_	_							_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
		_						_	_		_	_	_	_		_	_	_	_	_	_		_	_	_	_		_	_	_	_	_	_	_	_
	_	-					_			_	_	_		_	_	_		_	_	_	_	_	-	_	_	_	-	_	_	_	_	_	_	_	_
		_						_	_	_		_	_		_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	
	_	_					_	_			_		_	_			_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	
		_				- –	_	_	_		_	_	_		_	_	_	_	_	_		_	_	-	_	_	_	_	_	_	_	_	_	_	
		_							_		-			-	_	_	_	_	_		_	_	_	_	_	-	_	_	-	_	_		_	_	-
	_	_					_	_		_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
		_					_	_		_		_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	
		_							_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_		_	_	_	_
	_						_	_		_	_		_	-	_	_	-	_	_	_	_		_	-		_	-	_	_	_	_	-	-	_	
		_				_		_	_		_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_					_		_		_	_		_		_			_	_	_	_	_	_			_	_	_	_	_	_	_	_	_
	_	_					_	_	_	_	_		_	_		_		_	_	_	_	_	_	_		_	_	_	_		_	_	_	_	_
	-	_				-		_	-	_	_		_	_	_	_			-	_	_		_	-	_	_	_	_	_	-	-	-	-	_	-
	_	_					_	_		_	_	_	_	_	_		_		_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	
						_		_		_		_					_		_	_	_	_	_			_		_	_	_	_		_	_	_
	-					· –		_		_	_	_	_	-	_		_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_					_		_	_	_	_		_			_	_	_	_	_	_	_	_		-		_	_	_	_	_		_	_	
							_		_	_	_	_		_		_		_	_	_	_	_			_	_	_	_	_	_	_		_		
																				_								_		_	_		_	_	
	_					_	_	_	_	_	_		_		_		_	_	_		_	_	_		_			_	_	_	_		_	_	_
	_					_	_	-	_	_		_		-	_		_	_		_	-	-	_		-	-	_	_	-	-	_	-	_		
	_				_	_	_		_	_	_	_	_	_	_	_	_	_		_	_		_	- -	_		_	_	_	_		_	_		_
						_	_		_	_	_		_	_		_	_	_	_	_	_		_				_	_	_	_	_		_		
	_				-		_	_	_		_	_	_	_	_		_	-	_	_	_		_		_		_	_	_	_	_		_		
						_	_	_		_	_	_	_		_	-	_	-	_	_	_		_	- -	_			_	_	_	_	-	_		_
									_				_			_	_		_										_		_		_		_
	_					_			_		_		_	_	_	_		_		_	_	_	_		_		_	_	_	_	_	_	_		_

SCHEDULE 1 (Form 990)

SCHEDULE I (Form 990)		Grants a	nd Oth	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organization the United S	ons, States		OMB No 1545-0047
Department of the Treasury Internal Revenue Service		omplete if the o	rganization	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Attach to Form 990.	orm 990, Part IV, line 0.	as 21 or 22.		Open to Public Inspection
Name of the organization FOU WAT	FOUNDATION FOR PENNS WATERSHEDS	PENNSYLVANIA				Employer 20 - 87	Employer identification number	
Part General Inf	General Information on Grants and Assistance	ssistance				20-02	0010	
1 Does the organization m the selection criteria use 2 Describe in Part IV the o	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	amount of the gr	ants or ass	istance, the grantees'	eligibility for the grants	s or assistance, an	P	X Yes
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	priments and pient that rectangled additional s	d Organi ceived m	zations in the Un ore than \$5,000.	ited States. Com Check this box if	plete if the org no one recipie	anization answer	ed "Yes" to than \$5,000. Use
1 (a) Name and add	(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
SEE ATTACHED SCHEDULE	OULE					omer)	Hurtasii assistance	OI desiration
				946,138				
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	anızations						
For Privacy Act and Paperwol	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	nstructions for	Form 990.					Schedule I (Form 990) 2009

Schedule I (F	Schedule (Form 990) 2009 FOUNDATION FOR PENNSYLVANI	FOR PENNSYLVAN	IIA 2	20-8746105		
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	• United States. Connal space is needed.	nplete if the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
-	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the informatic	on required in Part I,	ine 2, and any other additi	onal information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

FOUNDATION FOR PENNSYLVANIA WATERSHEDS

Employer identification number 20-8746105

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT OF THE FORM 990 WAS FORWARDED TO THE ENTITY FOR REVIEW. ALL INFORMATIONAL QUESTIONS WERE ANSWERED AND DOCUMENTED BY THE APPROPRIATE BOARD MEMBERS OF THE ORGANIZATION. ALL FISCAL INFORMATION WAS REVIEWED PRIOR TO THE FORM 990 BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ON AN ANNUAL BASIS THE FOUNDATION SENDS OUT CONFLICT OF INTEREST STATEMENTS
TO ALL ADVISORY MEMBERS AND THEY ASK EACH TO RESPOND APPROPRIATELY. ANY
CONFLICTS ARE REVIEWED AND DOCUMENTED IN THE PERMANENT RECORDS OF THE
ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR'S WORK IS PERFORMED BY MEMBERS OF THE ADVISORY BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FROM
OUTSIDE PARTIES.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	nizations and Unrelated Partnerships	nrelated Partne	rships 13, 34, 35, 36, or 37.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	A	Attach to Form 990.	See separate instructions.	Ś		Open to Public Inspection
Name of the organization	n FOUNDATION FOR PENNSYLVANIA WATERSHEDS				Employer identific 20-8746105	Employer identification number 20-8746105
Part I Ident	Identification of Disregarded Entities (Complete if the	organization answered "Yes" to Form 990, Part IV, line 33.)	red "Yes" to Form	990, Part IV, line 33		
	(a) Name, address, and ElN of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Ident	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	complete if the orga g the tax year.)	nization answered	"Yes" to Form 990,	Part IV, line 34 bed	cause it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
COMM. FOUND. OF G 116 MARKET STREET JOHNSTOWN	OF GREATER JOHNSTOWN 25-1637373 PA 15901	ATTACHED	PA	501 (C)	7	N/A
For Privacy Act and P	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form !	990.			Schec	Schedule R (Form 990) 2009

Page 2 General or managing partner? Yes No Schedule R (Form 990) 2009 Percentage ownership amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI Schedule K-1 (Form 1085) end-of-year assets Share of 6 (h) Dispro-portionate alloc ? Yes No (g) Share of end-of-year assets Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity ਓ 20-8746105 (d)
Direct controlling Legal domicile foreign country) (state or (c)
Legal
domicile
(state or
foreign Primary activity Primary activity Schedule R (Form 990) 2009 FOUNDATION FOR PENNSTLVANIA 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part ⊞ ₩ A

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Mark Commission of State and State in Bode II II as W. of the saked dila			100	1
Note: Complete mile i ii any entity is iisted iii rans ii, iii, oi iv oi tiiis schedule			4	2
1 During the tax year, during organization engage in any or the following than sacroons with one or more related organizations listed in Pars II-17?			1	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		19	1	×
b Gift, grant, or capital contribution to other organization(s)		10	_	×
e. Gif grant or capital contribution from other organization(s)		٤		×
		2	\dagger	
d Loans or loan guarantees to or for other organization(s)		19		×
e Loans or loan guarantees by other organization(s)		16		×
f Color of concess to other constraint (c)		4	-	Þ
			1	
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		ţ		×
		ŧ	T	×
			\dagger	4
in one of featilities comment or other secrets from other events action(e)		-		Þ
		=	1	:
k Performance of services or membership or fundraising solicitations for other organization(s)		*	1	×
I Performance of services or membership or fundraising solicitations by other organization(s)		Ŧ		×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę		×
Experience of north control of the c				Þ
n Sharing of paid employees		<u> </u>	\dagger	۱
		_		
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1p		×
a Other transfer of cash or property to other organization(s)		-		×
r Other transfer of cash or property from other organization(s)		÷		×
1 3	action thresholds.			
(8)	4	(3)		
Normal of the assessment of the second	(a)	(2)	1	
Name of other organization	type (a-r)	Amount Involved	D ₀	
(1)				
(7)			Ì	
(4)				
(S)				
(9)				
	Sched	Schedule R (Form 990) 2009	(066 1	2009

Page 4

Schedule R (Form 990) 2009 FOUNDATION FOR PENNSTLVANIA

20-8746105

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	General or	managing partner?	8	L						0) 2009
		 E or	Yes		 					orm 99
177	Code V—UBI	of Schedule K-1 (Form 1085)								Schedule R (Form 990) 2009
	rtionate		ş							
9	Disproportionate	Biocar	Yes]
(*)	Share of									
	Are all partners	501(c)(3) organizations?	9							†
2	Are all p	501(c	Yes							
(3)	Legal domicile	country)								
4	Primary activity									
(a)	Name, address, and EiN of entity									

² 20-87 4 6105	Fed	deral Stat	ements			
•	<u>Taxab</u>	e Interest on	Investments			
Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired afte 6/30/75
	\$	1,329		14		
TOTAL	\$	1,329				

FOUNDATION FOR PENNSYLVANIA WATERSHEDS GRANTS EXPENSE FOR FISCAL YEAR 2010

20-8746105

ENVIRONMENTAL

Allegheny Land Trust	2,000.00
Allegheny Mountain Chapter, Trout Unlimited	4,500.00
American Fisheries Society	2,000.00
Art Works in Johnstown!	20,000.00
Bayer Center for Nonprofit Management	132,500.00
Beaver County Conservation District	10,000.00
Bedford County Environmental Learning	400.00
Blair County Conservation District	500.00
BluAcres, LLC	15,000.00
Buffalo Creek Watershed Association	18,000.00
Chesapeake Bay Trust	14,500.00
Chest Creek Watershed Alliance	500.00
Church Army, U.S.A - Aliquippa	7,500.00
Citizens Coal Council	7,000.00
Citizens for Pennsylvania's Future	2,000.00
Clearfield Creek Watershed Association	25,500.00
Clearwater Conservancy of Central Pennsylvania	10,000.00
Coal Country Hang-Out Youth Center	2,000.00
Lycoming College	12,000.00
Conemaugh Valley Conservancy	27,450.00
Conewango Creek Watershed Association	2,000.00
Conservaton Pennsylvania	2,000.00
Cowanshannock Creek Watershed Association	6,500.00
Crooked Creek Watershed Association	4,500.00
Earthjustice	10,000.00
Eastern PA Coalition for Abandoned Mine	7,000.00
Ecolsiands LLC	2,000.00
Environmental Integrity Project	42,000.00
French Creek Project	35,000.00
Friends of Raystown Lake	1,000.00
Fulton County Conservation District	15,000 00
Grantmakers of Western Pennsylvania	298.00
Greater Latrobe School District	10,000.00
Huntingdon County Conservation District	42,500.00
Huntingdon Tree Commission	2,000.00
Indiana County Conservation District	2,000.00
Jacobs Creek Watershed Association	2,000.00
Juniata Clean Water Partnership, Inc.	11,800.00
Juniata Clean Water Partnership	17,700.00
Keystone Conservation Trust	18,500.00
King's College	2,000.00
The League of Women Voters of Pennsylvania	1,000.00
Little Mahoning Creek Watershed Association	2,000.00
Loyalhanna Watershed Association, Inc.	7,500.00
McKean County Conservation District	15,000.00
-	

	500.00
Montour Run Watershed Association	500.00
Mountain Watershed Association, Inc.	14,000.00
National Audubon Society, Inc.	2,000.00
National Wildlife Federation	6,000.00
Nature Abounds	10,500.00
North Area Environmental Council	500.00
Northampton County Conservation District	800.00
PA Chapter - American Chestnut Foundation	1,000.00
Penn State Agriculture/Environment Center	2,000.00
Pennsylvania Association for Sustainable	2,500.00
Pennsylvania CleanWays of Allegheny County	5,000.00
PA Council of Trout Unlimited	41,000.00
Pennsylvania Environmental Council	4,500.00
Pennsylvania Land Trust Association	17,242.00
Pennsylvania Parks & Forests	2,000.00
The Pennsylvania State University	2,000.00
Pittsburgh Community Broadcasting Corp	8,000.00
POWR, Inc.	12,000.00
Rhiza Labs, LLC	125,000.00
RiverQuest	2,000.00
Schuylkill Conservation District	23,000.00
Sewickley Creek Watershed Association	500.00
Six Mile Run Area Watershed Committee	1,000.00
Six Mile Run Volunteer Fire Company	1,200.00
Somerset Conservation District	5,000.00
Somerset County Conservancy	2,000.00
South Fayette Conservation Group	2,000.00
Southern Alleghenies Conservancy	-3,092.00
Southwest Project Grass Chapter	2,000.00
St. Vincent College	4,000.00
Stewards of the Lower Susquehanna, Inc.	9,340.00
Stream Restoration, Inc.	22,000.00
The Susquehanna Greenway Partnership	15,000.00
Susquehanna River Basin Commission	2,000.00
Trout Unlimited	2,000.00
Wesley A.M.E Charities	2,000.00
Western PA Coalition for Abandoned Mines	2,000.00
Western Pennsylvania Conservancy	16,000 00
WVIA TV/FM	5,000 00

FORM 990, SCHEDULE D, PART XI - RECONCILATION OF CHANGE IN NET ASSETS

NET ASSETS PRIOR YEAR	\$ 329,276
CURRENT YEAR REVENUE OVER EXPENSES	-217,570
UNREALIZED APPRECIATION IN INVESTMENTS	279
NET ASSETS END OF YEAR	\$ 111,985

FORM 990, SCHEDULE D, PART XII & XIII – RECONCILATION OF REVENUE AND EXPENSES PER AUDITED FINANCIAL STATEMENTS

THE FOUNDATION FOR PENNSYLVANIA WATERSHEDS IS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF THE COMMUNITY FOUNDATION OF GREATER JOHNSTOWN. HOWEVER, IN ACCORDANCE WITH SFAS NO. 136 EQUITY, INCOME, AND EXPENSE OF THE FOUNDATION FOR PENNSYLVANIA WATERSHEDS IS INCLUDED AS A LIABILITY IN THE AUDITED FINANCIAL STATEMENTS. THE AMOUNTS REPORTED ON FORM 990 ARE THE INCOME AND EXPENSE AMOUNTS BASED ON THE FOUNDATION BEING LOOKED AT AS A STAND ALONE ENTITY.

SCHEDULE R – FORM 990 – PART II, COLUMN B

THE COMMUNITY FOUNDATION OF GREATER JOHNSTOWN PROMOTES THE BETTERMENT OF WESTERN PA BY ATTRACTING CHARITABLE DONATIONS. THE FOUNDATION THEN DISTRIBUTES FUNDS FOR THE BENEFIT OF VARIOUS ORGANIZATIONS AND INDIVIDUALS IN THE AREA.

Y 1					_ ^
Form 8868 (Rev. 1-2011)	-4h F-4	and the sale Book II and about this be			Page 2
• If you are filing for an Additional (Not Automatic) 3-Mol				•	▶ X
Note. Only complete Part II if you have already been granted			rom 8808.		
o If you are filing for an Automatic 3-Month Extension, con Part II Additional (Not Automatic) 3-Mor			/no con	ios poodod	1
	itii Extension	or time. Only the the original			
Type or Name of exempt organization print FOUNDATION FOR PENNSY:	T. 1/2 N/T A		Embio	yer identificat	uon number
TATA METER CALLED C	HAWMIW		20-9	3746105	
	O how one insta	estions	120	7740103	
Number, street, and room or suite no If a P. due date for filter year. 116 MARKET STREET, SU		caons.			
filing your return See City, town or post office, state, and ZIP code		drace can instructions			
instructions JOHNSTOWN	PA 1590				
	12 1000				- -
Enter the Return code for the return that this application is for	or (file a separate :	application for each return)			01
- In the state of	(u oopalato (prioduci, ici odon iotam,	•		
Application	Return	Application		·	Return
ls For	Code	is For			Code
Form 990	01		-1		7 3
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gra	nted an automati	c 3-month extension on a previously	filed Form	n 8868.	
list with the names and EINs of all members the extension is	digit Group Exem or part of the grou for.	ed States, check this box ption Number (GEN) p, check this box	s is d attach a		▶ []
4 I request an additional 3-month extension of time until					
		01/09 , and ending 06/30/	10		
6 If the tax year entered in line 5 is for less than 12 mont	hs, check reason.	Initial return Final return	n		
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS REQUEST!	ED TO GAT	HER INFORMATION TO	PREPA	ARE A CO	OMPLETE
AND ACCURATE RETURN.			•		
					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069, ente	er the tentative tax, less any		1	
nonrefundable credits. See instructions.		dette and the sead	8a ફ∮%,	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6	•		35_1		
estimated tax payments made. Include any prior year of	verpayment allow	ed as a credit and any		l .	
amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include yo	ur naument with th	sie form or if required denocit with	8b	\$	
FTD coupon or, if required, by using EFTPS (Electronic			8c	s	
FID coupon or, in required, by using EFIFS (Electronic		nd Verification			
Under penalties of perjury, I declare that I have examined this form, inc	_		t of my knowl	edge and belief.	ıt ıs
true, correct, and complete, and that I am authorized to prepare this for	m	,,,,,,,	,		
M. Denla		$\alpha A A$			al. la
Signature VIMUM Ketullu	Ti	tie VIA		Date ▶	4/13/11
1				Form 8	868 (Rev. 1-2011)