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CHANGE OF ACCOUNTING PERIOD

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.

OMB No 1545-0047 Open to Public Inspection

•	AF	or the 2	010 calendar year, or tax year beginning JAN 1, 2011 and ending	JUN 30, 2011	
	D C	heck if	C Name of organization	D Employer identific	cation number
	_	Address	PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE		
	<u> </u>	_ change	AGRICULTURE		
		Name change	Doing Business As	25-10	685497
]initial retum	Number and street (or P 0 box if mail is not delivered to street address) Room/suil	te E Telephone number	•
		Termin- ated	104 NORTH STREET	(814) 349-9856
		Amended return	City or town, state or country, and ZIP + 4	G Gross receipts \$	929,126.
	一	Applica-	MILLHEIM, PA 16854	H(a) Is this a group re	
		pending	F Name and address of principal officer:BRIAN SNYDER	for affiliates?	Yes X No
			same as C above	H(b) Are all affiliates inc	
				—	
				-	list. (see instructions)
			▶ www.pasafarming.org	H(c) Group exemption	
				ar of formation 1992 N	State of legal domicile PA
	Pa		ummary		
	ø	1 Br	efly describe the organization's mission or most significant activities: Promoting	profitable	tarms that
	Activities & Governance	p :	roduce healthy food for all people while res	pecting the	natural
	Ę	2 Ch	eck this box 🕨 📖 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.
	ŏ	3 Nu	imber of voting members of the governing body (Part VI, line 1a)	3	17
	9	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)	4	17
	S		tal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	31
	ij		tal number of volunteers (estimate if necessary)	6	165
	훘	7 a To	tal unrelated business revenue from Part VIII. salumo (III) (III) (III)	7a	0.
2012	۲	/ a 10	tal unrelated business revenue from Part VIII, column PEREZIVED	7b	0.
70	\dashv	D IVE	t unrelated business taxable income from Form 990-T, time 34	Prior Year	
0		•	ontributions and grants (Part VIII, line 1h)	818,804.	281, 394.
~	ne				613,509.
\geq	Revenue		ogram service revenue (Part VIII, line 2g)	645,928.	
$ \boxtimes $	æ		vestment income (Part VIII, column (A), lines 3/4, and the line of	1,964.	332.
Ó	_	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8 c, 9c, 100, and 11d)	69,822.	22,910.
SCANNEDJAN		12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,536,518.	918,145.
. 2		13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0.
		14 Be	nefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ö	S	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	677,108.	407,065.
0	Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	be	b To	tal fundraising expenses (Part IX, column (D), line 25) 61,061.		
	û		her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	691,242.	575,988.
			tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,368,350.	983,053.
			evenue less expenses Subtract line 18 from line 12	168,168.	<64,908.>
	28	10 110		Beginning of Current Year	End of Year
	हु हु	20 To		818,606.	664,690.
	Sa Bass		tal assets (Part X, line 16)	198,271.	108,499.
	Net Assets or Fund Balances		tal liabilities (Part X, line 26)	620,335.	556,191.
i	<u> </u>	*****	t assets or fund balances Subtract line 21 from line 20 Signature Block	020,333.	550,151.
ı					u line accidente a constitución de cons
			s of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
	true,	correct, a	and complete Declaration of preparer (other than officer) is based on all information of which prepared	rer nas any knowledge	3/2n//
			Supreme of officers Alborn I No	Date	7 0011
	Sigr		Signature of officer	Date /	,
	Her	e	LOUISE SCHORN SMITH, TREASURER		
			Type or print name and title	Cheek C	- Drivi
		I .	rint/Type preparer's name Preparer's signature	Date Check	PTIN
	Paid	<u></u>	JOSEPH P. FEDELI, CPA JOSEPH P. FEDELI, C	12/12/11 self-employe	ed
	Prep	arer F	rm's name Fiore Fedeli Snyder Carothers, LLP	Firm's EIN	
	Use	Only F	rm's address 2013 Sandy Dr. Ste 200		
			State College, PA 16803	Phone no (814) 237-8999
,	May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No
•					

	t III Statement of Program Service Accomplishments
1 (4)	
1	
'	Briefly describe the organization's mission: Promoting profitable farms that produce healthy food for all people
	while respecting the natural environment.
	white respecting the natural environment.
2	Did the executation tradestate any executional executance during the tradestation and listed on
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? — Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 299,661 • including grants of \$) (Revenue \$ 534,102 •)
	Farming for the Future Conference - Each year PASA organizes one of the
	largest sustainable agriculture programs in the United States in the
	form of its annual Farming for the Future ("FFF") Conference. Offering
	internationally known keynote speakers and over a hundred different
	workshops and focused learning opportunities, the FFF Conference grew
	in attendance from about 1,000 in 2001 to over 2,000 in 2011, its 20th
	annual edition. Speakers and attendees have represented as many as 40
	states and eight different countries in a single year, and many in
	attendance have been coming since the very early years. Programs held
	as the FFF Conference range from a wide variety of 80 minute sessions
	to more intensive learning experiences that last one, two or even three
	days, and all of them address topics of relevance to farming and/or
4b	(Code:) (Expenses \$ 243,616. including grants of \$) (Revenue \$ 42,561.)
	Regional Projects - In 2001 PASA conducted research among its members
	that indicated a strong and growing interest in developing marketing
	programs intended to educate the public about the benefits of consuming
	locally and sustainably raised foods, including support for the "Triple
	Bottom Line" of farm viability, environmental protection and social
	responsibility. In order to address this interest, PASA began to
	develop regional offices around Pennsylvania with an aim, not only to
	disseminate our normal membership benefits and programs, but especially
	to develop public awareness, partnerships among foodservice businesses, and urban outreach regarding sustainability in food systems generally
	speaking. the result has been the establishment of two permanent
	offices in the Pittsburgh and Philadelphia areas, with more likely on
40	
70	(Code:) (Expenses \$\frac{125,039.}{\text{including grants of \$}} \) (Revenue \$\frac{21,280.}{\text{Now with over 6,000 regular members, and many more}}
	supporters and friends, PASA has grown tremendously since its beginning
	in 1992. In order to maintain this pace of growth, and to attract even
	more new members, we have developed a variety of programs aimed at
	facilitating communication with and among our members. Such programs
	include a website that is updated regularly with recent news and items
	of interest, various e-mail lists with both regional and topical
	themes, a very active facebook page and a bi-monthly newsletter,
	"Passages", that is highly regarded across the country for its
	educational nature and forthright spirit. We now have staff in the
	member services area focusing specifically on members who represent
	farms, businesses and the consuming public, and have assigned regional
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 133,457 • including grants of \$) (Revenue \$ 24,827 •)
4e	Total program service expenses ► 801,773.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	140
•	If "Yes," complete Schedule A	1	х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		<u> </u>
•	similar amounts as defined in Revenue Procedure 98-19? 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	-		
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	i	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	Schedule D, Part III	В	ĺ	х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-	 	
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-	 	
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		-	
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		•	1
•	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ĺ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	i	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ŀ	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Eor-	aan /	2010

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			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 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		•	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ļ	
	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			1
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	_		,
	Schedule L, Part III	27	,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			.,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l "
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Α.
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
	If "Yes," complete Schedule R, Part V, line 2	36		 ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2-		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	L

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rai	Check if Schedule O contains a response to any question in this Part V				
		 	$\neg \neg$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25			
	- · · · · · · · · · · · · · · · · · · ·	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar	ning			
	(gambling) winnings to prize winners?	L	1c	Х	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	3a		<u>X</u> _
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	4a		X
b	o If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a		- <u>X</u>
			5b		
	s If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	na agliait	5c		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	JII SOIICIL	6a		Х
_	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-		
U	were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
	The state of the s	to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Ļ	7e		X
f			7f		Х
g			7g	_	
h			7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during	g the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
	·	ŀ	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	ŀ	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
•	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ. ,,	ļ
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the			•	
	organization is licensed to issue qualified health plans			•	
	Enter the amount of reserves on hand			<u> </u>	1
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	000	(2010)

25-1685497 Form 990 (2010) **AGRICULTURE** 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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year 17 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a Х 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х 8b **b** Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 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.) No 10a 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, 10b and branches to ensure their operations are consistent with those of the organization? Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X 14 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? 15a a The organization's CEO, Executive Director, or top management official X 15b **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 X taxable entity during the year? 16a 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 166 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonspice PASection 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. X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 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: Brian Snyder, Executive Director - (814)349-9856 104 North Street, Millheim, PA 16854

Form 990 (2010) AGRICULTURE

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. 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.

(A) Name and Title	(B) Average	(C) Position				ì		(D) Reportable	(E) Reportable	(F) Estimated
Hamo and Hao	hours per	(ci	(check all that a				ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KIM SEELEY									_	_
PRESIDENT	5.00	X		X				0.	0.	0.
JENNIFER HALPIN										
VICE PRESIDENT	5.00	X		X		ļ		0.	0.	0.
LOUISE SCHORN SMITH			ŀ							
TREASURER	5.00	X		X				0.	0.	0.
MARY BARBERCHECK							1			
SECRETARY	5.00	X	_	X	_		_	0.	0.	0.
JERRY BRUNETTI	2 00	٠,							0.	_
BOARD MEMBER	3.00	Х	_				-	0.	0.	0.
MELANIE DIETRICH COCHRAN	3.00	х						0.	0.	0.
BOARD MEMBER SARA BALDWIN	3.00	^					\vdash	0.		
BOARD MEMBER	3.00	х						0.	_ 0.	0.
ROY D. BRUBAKER	2.00	v						0.	0.	0.
BOARD MEMBER	3.00	X					-	0.	0.	·
JOHN JAMISON BOARD MEMBER	3.00	х						0.	0.	0.
STEPHANIE RITCHIE					<u> </u>					
BOARD MEMBER	3.00	Х						0.	0.	0.
RITA RESICK										
BOARD MEMBER	3.00	X				L		0.	0.	0.
JEFF MATTOCKS										
BOARD MEMBER	3.00	X				<u> </u>	$oxed{oxed}$	0.	0.	0.
HEIDI SECORD										
BOARD MEMBER	3.00	X				<u> </u>		0.	0.	0.
SUSAN MILLER		,								
BOARD MEMBER	3.00	X		<u> </u>	<u> </u>	 -		0.	0.	0.
BRIAN MOYER	2 00	,,							_	
BOARD MEMBER	3.00	X	<u> </u>	<u> </u>	ļ	-		0.	0.	0.
JAMIE MOORE	2 00	J						0.	0.	
BOARD MEMBER	3.00	^	1	\vdash	-	╁	-	· ·	0.	0.
DAVE MORTENSEN										

Form 990 (2010)	AGRICULTU									25-16	<u>854</u>	<u> 197</u>	Pa	ge 8
Part VII Section A. Of	ficers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)				
(A) Name and	title	(B) (C) Average Position hours per (check all that apply) week						ly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
		(describe hours for related organizations in Schedule O)	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	(2)	compe	the zation	on d
BRIAN SNYDER									0.1.000					
EXECUTIVE DIRECTOR		40.00			Х				84,000.		0.	14	, 32	<u> </u>
				_										-
					_		_							
												×		
1b Sub-total				<u> </u>		1		l	84,000.		0.	14	, 32	
c Total from continuat d Total (add lines 1b a	nd 1c)						>		84,000.		0.	<u> </u>		0. 23.
Total number of indivi- compensation from the		ot limited to th	nose	liste	ed a	bove	e) wł	no re	eceived more than \$100	0,000 in reportable		Y	es	0 No
line 1a? If "Yes," comp	olete Schedule J for s	uch individual			-		=		nighest compensated er			3		Х
4 For any individual lister and related organization									her compensation from	the organization		4		Х
	on line 1a receive or	accrue compe	nsat	ion i	from	any	unr		ed organization or indiv	idual for services		5		х
Section B. Independent C														
Complete this table for the organization.	NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa		m	
	(A) Name and business	address							(B) Description of s	services	Co	(C) ompens	ation	1
				-										
		 											-	
2 Total number of indep \$100,000 in compens			ot li	mite	ed to	tho	se li	stec	d above) who received n	nore than				
,									***			- 00	10.6	

AGRICULTURE

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	rt vii	is Statement of Rever	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
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut	· -	133,565.				
Contribu	_	similar amounts not included abo Noncash contributions included in lines		147,829.	281,394.			
$\overline{}$		Total. Add lines 1a-1f		Dunia and Carda	201/334.			
	•	CONFERENCE		Business Code 611600	534,102.	534,102.		
.ĕ	2 a	COMPAGE DEVIENT	177	611600	79,407.	79,407.		
e e	Ь		<u> </u>	011000	13,401.	13,401		
ΕŞ	C							
Re	d							
Program Service Revenue	е	·						
-	f	All other program service reve	enue		(12 500			
		Total. Add lines 2a-2f		<u> </u>	613,509.			
	3	Investment income (including	dividends, inter		222			
		other similar amounts)		•	332.	332.		
	4	Income from investment of ta	x-exempt bond (proceeds 🕨				
	5	Royalties		•				
			(ı) Real	(ıı) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(II) Other				
-		assets other than inventory		1				
	ь	Less, cost or other basis						
	_	and sales expenses						
	c	Gain or (loss)						
								•
e	d 8 a	Gross income from fundraisin					······································	
ē		Including \$	of	!				
Other Reven		contributions reported on line	1c). See					
ē		Part IV, line 18	а					
튕	b	Less: direct expenses	b	10,981.				
	С	Net income or (loss) from fund	draising events	<u> </u>	13,981.			13,981.
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
	Ь	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu		Business Code				
İ	11 a	ADVERTISING		541800	6,462.	6,462.		
	b	MEDGUANDICE		448000	2,467.	2,467.		
	c					,	-	
	d						<u> </u>	
		Total. Add lines 11a-11d		•	8,929.			<u> </u>
	12	Total revenue See instructions		•	918,145.	622,770.	0.	13,981.
				· · · · · · · · · · · · · · · · · · ·		<u> </u>		

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Part IX Statement of Functional Expenses

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

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

	All other organizations must com not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) but are (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<u> </u>	· ·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	49,162.	36,871.	7,375.	4,916.
6	trustees, and key employees Compensation not included above, to disqualified	45,102.	30,071.	7,373.	4/210.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	301,013.	233,431.	32,205.	35,377.
8	Pension plan contributions (include section 401(k)	301/0130	200,1011	02/2031	0070110
J	and section 403(b) employer contributions)	5,193	4,244.	49.	900 -
9	Other employee benefits	5,193. 23,541.	16,084.	4,389.	900. 3,068.
10	Payroll taxes	28,156.	20,527.	4,567.	3,062.
11	Fees for services (non-employees):	20,200			-,
···	Management				
b	Legal	2,497.	1,247.	1,250.	
c	Accounting	19,746.		19,746.	
ď	Lobbying			•	
e	Professional fundraising services See Part IV, line 17			11 10 10 1 141T W	
f	Investment management fees				
g	Other	100,634.	78,157.	19,482.	2,995.
12	Advertising and promotion	9,249.	9,249.		
13	Office expenses	68,023.	54,257.	10,426.	3,340.
14	Information technology				
15	Royalties				
16	Occupancy	19,180.	17,700.	1,383.	97.
17	Travel	59,941.	51,982.	5,674.	2,285.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,767.	12,474.	3,317.	976.
23	Insurance	7,828.	6,995.	654.	179.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	EVENT SERVICES	200,414.	199,197.	297.	920.
b	HONORARIUM	23,025.	23,025.		
C	DUES/FEES/SUBSCRIPTIONS	22,262.	18,062.	2,729.	1,471.
d	MISCELLANEOUS	11,849.	8,439.	3,408.	2.
е	MERCHANDISE EXPENSE	9,771.	9,198.		573.
f	All other expenses	4,802.	634.	3,268.	900.
25	Total functional expenses. Add lines 1 through 24f	983,053.	801,773.	120,219.	61,061.
26	Jaint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Form 900 (2010)

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Pa	τX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non·interest·bearing	314,740.	1	188,331.
	2	Savings and temporary cash investments	39,980.	2	42,218.
	3	Pledges and grants receivable, net		3	137,500.
	4	Accounts receivable, net	278,355.	4	130,044.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	m m incompany	5	****
	6	Receivables from other disqualified persons (as defined under section	•		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
G		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7_	1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
As	8	Inventories for sale or use	11,869.	8	12,173. 12,742.
	9	Prepaid expenses and deferred charges	17,279.	9	12,742.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 249,249.			
	b	Less: accumulated depreciation 10b 118,070.	146,710. 9,673.	10c	131,179. 10,503.
	11	Investments · publicly traded securities	9,673.		10,503.
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	818,606.	16	664,690. 69,385.
	17	Accounts payable and accrued expenses	43,794.	17	69,385.
	18	Grants payable	154 455	18	20 114
	19	Deferred revenue	154,477.	19	39,114.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab		highest compensated employees, and disqualified 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 parties		24	<u>-</u>
	25	Other liabilities. Complete Part X of Schedule D	100 271	25	100 400
	26	Total liabilities. Add lines 17 through 25	198,271.	26	108,499.
		Organizations that follow SFAS 117, check here X and complete			
Ses	1	lines 27 through 29, and lines 33 and 34.	100 004		100 020
a	27	Unrestricted net assets	108,904.	27	108,839. 447,352.
Bal	28	Temporarily restricted net assets	511,431.	28	447,332.
5	29	Permanently restricted net assets		29	
Ţ.		Organizations that do not follow SFAS 117, check here			
5 0		complete lines 30 through 34.			1
set	30	Capital stock or trust principal, or current funds	<u> </u>	30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	620 225	32	556 101
_	33	Total net assets or fund balances	620,335.	33	556,191. 664,690.
	34	Total liabilities and net assets/fund balances	818,606.	34	004,090.

Forn	1990 (2010) AGRICULTURE	25-168	35497	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
	T	1 . [0.1	0 1	1 E	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>45.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			53.	
3	Revenue less expenses. Subtract line 2 from line 1	3			08.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62		<u>35.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			$\frac{64.}{91.}$	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>	
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		[·····	Yes	No	
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	.0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· •.	2a		Х	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		· · · · · · · · · · · · · · · · · · ·		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
_	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3-	·	nale Audit				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Addit			x	
	Act and OMB Circular A-133?		3a	•		
h	If "Yes " did the organization undergo the required audit or audite? If the organization did not undergo the requ	ired sudit			1	

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

25-1685497 **AGRICULTURE** 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.) 1 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, city, and state: 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 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I **b** Type II c Type III · Functionally integrated d ____ Type III · Other 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 II, Type III, 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? g Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vII) Amount of (ii) EIN (i) Name of supported organization organizátion in col in col (i) listed in your organization in col support organization (I) organized in the US? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2010

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 429,798. 902,421. 427,213. 818,804. 281,394. 2859630. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 429,798. 902,421. 427,213. 818,804. 281,394. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 848,284. column (f) 2011346. 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2008 427, 213. Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (d) 2009 (e) 2010 (f) Total 429,798. 902,421. 818,804. 281,394. 2859630. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,043. 3,332. 4,694. 1,064. 332. 11,465. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 11,997. 37,222. 33,682. 44,552. 22,910. assets (Explain in Part IV.) 3021458. 11 Total support. Add lines 7 through 10 3,571,374. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 66.57 14 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 63.38 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	İ				1	
	include any "unusual grants.")	!	İ	İ			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	·					-	
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
(Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b				 	1	
					1		
	Public support (Subtract line 7c from line 6) ction B. Total Support		1	<u> </u>	1	<u>. t</u>	<u> </u>
		(a) 2006	(b) 2007	(a) 2008	(4) 2000	(a) 2010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17						17	%
18				177		18	%
	33 1/3% support tests - 2010. If the	•	=	on line 14, and lin	e 15 is more than	<u> </u>	
	more than 33 1/3%, check this box a	-					
ŧ	33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization						▶□

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE Schedule A (Form 990 or 990-EZ) 2010 AGRICULTURE 25-1685497 Page 4 Part 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. Also complete this part for any additional information. (See instructions). Schedule A, Part II, Line 10, Explanation for Other Income: Miscellaneous Merchandise

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.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE **AGRICULTURE**

Employer identification number 25-1685497

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line 6								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring						
	impermissible private benefit?		Yes No						
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)							
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	storically important land area						
	Protection of natural habitat		rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax						
	year▶								
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	•						
	violations, and enforcement of the conservation easements i	t holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$						
8	Does each conservation easement reported on line 2(d) above								
	and section 170(h)(4)(B)(ii)?		Yes No						
9	in Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for						
	conservation easements.								
Pai	性間 Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,						
	historical treasures, or other similar assets held for public extension	hibition, education, or research in further	ance of public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that descr	ibes these items.							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts						
	relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		> \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:							
а	Revenues included in Form 990, Part VIII, line 1		> \$						
b	Assets included in Form 990, Part X		► \$ ► \$						

	dule D (Form 990) 2010 AGRICUL	TURE						<u> 25–16</u>	<u>8549</u>	7 _{Р.}	age 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	ar Asse	ts (cont	ınuedj)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a sig	inificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d	. 🖳	Loan or exc	hange progra	ams					
b	Scholarly research	e	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hey further t	he organizati	on's exem	npt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
	·	·							Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10).	•			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions					"					
c	Net investment earnings, gains, and losses										
d										4.1-1-1-1	*****
е	Other expenditures for facilities						***************************************				
	and programs										
f	Administrative expenses				·	-	·····	······			
g	End of year balance					"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******	,.	
2	Provide the estimated percentage of the year	r end balance held a	as.		·						
а	Board designated or quasi-endowment		%								
ь	Permanent endowment ▶	%									
С		 **									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	e organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	•									
Par									····		
نستسنا	Description of investment	(a) Cost or o		1	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investi		1 ' '	(other)		reciation		, -,		
1a	Land	·			· · · · · · · · · · · · · · · · · · ·						
ь	Buildings										
c	Leasehold improvements										
d	Equipment	****		21	4,194.		90,2	15.	12	3,9	79.
	Other			3	5,055.		27,8			7,2	
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	· · - · - ·				•		1,1	

Schedule D (Form 990) 2010

(1)	
(2)	
(3)	
(4)	<u> </u>
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	

(b) Amount (a) Description of liability (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

Schedule D (Form 990) 2010 **AGRICULTURE** 25-1685497 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 918,145. Total revenue (Form 990, Part VIII, column (A), line 12) 983,053. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 <64,908.> 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5 6 6 Investment expenses 7 Prior period adjustments 7 764. R Other (Describe in Part XIV.) 8 764. Total adjustments (net). Add lines 4 through 8 9 <64,144. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 2,474,295. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 1,556,150. 2d d Other (Describe in Part XIV.) 1,556,150. e Add lines 2a through 2d 2e 918,145. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 5 918,145. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2,369,231. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 1,386,178. 2d d Other (Describe in Part XIV.) 1,386,178. e Add lines 2a through 2d 2e 983,053. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4c 983,053. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part X, Line 2: During 2009 the Association adopted the recognition requirements for uncertain tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken, or expected to be taken, in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Association has examined its tax positions and believes they will be sustained upon examination and does

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 AGRICULTURE	25-1685497 Page 5
Part XIV Supplemental Information (continued)	
not anticipate any adjustments that would result in a materi	al adverse
affect on the Association's financial condition, results of	operations or
cash flows.	
Part XI, Line 8 - Other Adjustments:	
UNREALIZED GAINS ON INVESTMENTS	764.
Part XII, Line 2d - Other Adjustments:	
REVENUES FROM 1/1/10 - 12/31/10	1,543,365.
UNREALIZED GAINS ON INVESTMENTS	1,804.
COST OF GOODS SOLD (NETTED AGAINST REVENUES FOR FORM 990)	10,981.
Total to Schedule D, Part XII, Line 2d	1,556,150.
Part XIII, Line 2d - Other Adjustments:	
EXPENSES FOR THE PERIOD 1/1/10 TO 12/31/10	1,375,197.
COST OF GOODS SOLD NETTED AGAINST REVENUE IN FORM 990	10,981.
Total to Schedule D, Part XIII, Line 2d	1,386,178.
	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2010

Open To Public Inspection

Name of the organization

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE

Employer identification number

AGRICUL	TURE				23-1683	49/				
Part Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization rais	sed funds through any of the following	na acti	vities.	Check all that apply.						
a Mail solicitations	· —			overnment grants						
b Internet and email solicitations										
c Phone solicitations g Special fundraising events										
d In-person solicitations										
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or										
key employees listed in Form 990, P	art VII) or entity in connection with p	orofess	ional f	undraising services?	Yes	∟ No				
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be										
compensated at least \$5,000 by the organization.										
				1						
(i) Name and address of individual		(iii)	Did aiser	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	to (or retained by) fundraiser	to (or retained by)				
or entity (idilatiaser)		or control of contributions?		Hom activity	listed in col. (i)	organization				
		\ <u></u>								
		Yes	No	1						
					· ·					
		<u> </u>								
		ļ								
·		-								
			<u> </u>			- ·-·-·-				
Total			<u> </u>							
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration				
or licensing.						·				
										
										
			•							
										
										
						 				

AGRICULTURE 25-1685497 Page 2 Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CONFERENCE None (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 24,962. 24,962. Gross receipts 2 Less Charitable contributions 24,962. Gross income (line 1 minus line 2) 24,962. Cash prizes Noncash prizes Orect Expenses Rent/facility costs 7 Food and beverages Entertainment 10,981. 10,981. Other direct expenses 10,981, 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,981. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: __ Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: _

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE 25-1685497 Schedule G (Form 990 or 990-EZ) 2010 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > 16 Gaming manager information: Name > Gaming manager compensation > \$_____ Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year -\$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE

Employer identification number 25-1685497

Schedule O (Form 990 or 990-EZ) (2010)

Form 990, Part I, Line 1, Description of Organization Mission:
environment.
Form 990, Part III, Line 4a, Program Service Accomplishments:
sustainable food systems. Over half of the participants each year are
farmers, and many more folks who wish to farm, with hundreds of them
each year being sponsored by scholarship funds raised by PASA and its
various partners.
Form 990, Part III, Line 4b, Program Service Accomplishments:
the way in coming years. Through these offices, PASA manages its
popular activities related to the Buy Fresh Buy Local and Good Food
Neighborhood brands, as well as sustainable certification through our
partnership with Food Alliance of Portland, Oregon.
Form 990, Part III, Line 4c, Program Service Accomplishments:
staff to assist with delivering such services as well. On behalf of
our members, we also stay in touch at the local, statewide and national
levels regarding policy issues of importance to farmers and/or
sustainable food systems.
Form 990, Part VI, Section A, line 6: The Organization has six levels of
membership: Individual, Family/Farm, Nonprofit, Business, Lifetime
Family/Farm, Permanent Business Partnership. Each individual member, as
defined variously by these categories, is entitled to one vote in matters
properly brought before the membership at the annual meeting and in

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

032211 01-24-11 Name of the organization PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE

Employer identification number 25-1685497

elections for the Board of Directors.

Form 990, Part VI, Section A, line 7a: An annual meeting of the membership is held during the Farming for the Future Conference or at another suitable time and place as determined by the Board of Directors. During this meeting, the members hear from candidates for the Board of Directors and the election process begins.

Form 990, Part VI, Section B, line 11: The first draft of the Form 990 is reviewed by the Executive Director. The final draft of the Form 990 is distributed and reviewed by the Board of Directors. After approval, the final Form 990 is filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: Each director and officer shall annually complete and file with the Secretary of the Board a "Board Member Conflict of Interest Questionnaire" which is designed to disclose potential conflicts. The Fiduciary Committee will report disclosures of financial or familial interest and all material facts to the Board, and if a Board discussion is necessary, the interested person shall leave the meeting while the Board makes a determination of a conflict of interest and votes upon the matter. If appropriate, alternatives to the proposed transaction or arrangement would be investigated by the Fiduciary Committee. If a more advantageous transaction is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Fiduciary Committee shall determine by a majority vote of the disinterested Directors whether the transaction is in PASA's best interest, whether the transaction with such

determination.

	PENNSYLVANIA AGRICULTURE	ASSOCIATION	FOR SUSTAIN	NABLE	Employer identification number 25-1685497
Form 990, Part	VI, Section	B, Line 15a	: When eval	uating t	he terms of a
proposed emplo	yment contrac	ct, the annu	al compensa	tion is	reviewed by the
Treasurer, who	uses salary	surveys and	market com	parisons	for comparable
positions to i	dentify reaso	onable compe	nsation and	benefit	levels. The
final terms ar	e approved by	y the Board	of Directors	s prior	to executing the
contract. Thi	s process was	s completed	in December	2010 fo	r the Executive
Director (top	management of	fficial). T	he organiza	tion doe	s not compensate
any officers a	nd no other	employees me	et the IRS'	definit	ion of a key
employee.			· · · · · · · · · · · · · · · · · · ·		
Form 990, Part	VI, Section	C, Line 18:	PASA'S FOR	M 990 IS	AVAILABLE UPON
REQUEST AT THE	IR MAIN OFFI	CE IN MILLHE	IM, PA.	· - · · · · · · · · · · · · · · · · · · ·	
Form 990, Part	VI, Section	C, Line 19:	GOVERNING I	OCUMENT	S, CONFLICT OF
INTEREST POLIC	Y AND FINANC	IAL STATEMEN	TS ARE AVAI	LABLE UP	ON REQUEST AT
PASA'S MAIN OF	FICE IN MILLE	HEIM, PA.			
Form 990, Part	XI, line 5,	Changes in	Net Assets:		
UNREALIZED GAI	NS ON INVEST	MENTS			764.
		.			
FORM 990, PART	XI, LINE 2c				
CHANGE IN 990	REVIEW PROCES	SS_			
THERE ARE NO C	HANGES IN THI	E REVIEW PRO	CESS FROM TI	HE PRIOR	YEAR.
			<u> </u>		
					

25-1685497

60308 PA Association for Sustainable Agricult 25-1685497 Book Depreciation Report by Group

12/12/2011 4:39 PM Page 1

FYE: 6/30/2011

Asset	Property Description	Book Period	Date In Service	Book Method	d <u>t</u>	Book Cost	Book Prior Depreciation	Book Current Depreciation	Book End Depr
Group	: Office & Computer Equip								
Group 1 2 3 5 6 7 8 9 11 113 124 155 178 18 20 21 22 23 24 25 26 278 29 30 31 2 33 34 35 6 37 38 39 40 44 44 45 47 48 49 51 55 56 57 58 59 60 62 63 64 66 67 67 67 67 67 67 67 67 67 67 67 67	Telephone System G3 Tower Power Mac Computer IMAC Computer Gateway Computer Compaq Computer Dell Computer Dell Computer Digital Camera Filemaker Pro 5 5 Software Mac Powerbook Digital Projector Voice Mail System Printers Laptop - Dell Oak Desk Telephone Upgrade Dell Computer - IMAC G5 Averatec Notebook Averatec Notebook Averatec Notebook Averatec Notebook Averatec Notebook Averatec Notebook Averatec Notebook Canon Laser Multifunction Printer Apple Computer - Powerbook HP Pavilion Laptop Computer Dell Inspiron Laptip Computer Apple MacBook Laptop Computer HP dv2500t Laptop Computer HP Compaq 6910p Notebook Computer Apple MacBook Data Conversion Software - Charitech Kintera Software Sire Advertising - Website Redesign Apple MacBook 2 4 GHZ Apple iMac Apple iMac 2GB Applecare Protection - iMac HP Pavilion PC - Conference HP Pavilion PC - Conference HP Pavilion PC - Apple MacBook Pro 2 4 GHZ Epson Stylus NX400 Inkjet AppleCare Protection - MacBook Digital Projector Laptop Website - Sire Advertising Charitech - Online Registration Network Hardware Telephone System Kitchen cabinets Blinds Office Furniture Office Furniture Office Furniture Office Equipment Apple Mac Books (3) Sales Database	Period 5000 5000 5000 5000 5000 5000 5000 50	5/29/99 6/04/99 11/20/98 9/29/99 8/31/00 7/31/01 10/17/01 10/17/01 10/17/01 10/17/01 10/17/01 10/17/05 5/11/05 5/11/05 5/11/05 5/11/05 5/11/05 5/11/05 5/11/05 5/11/05 10/27/05 8/05/05 3/16/07 6/21/07 8/27/07 11/06/07 11/08/07 10/04/07 6/11/08 6/30/08 6/30/08 6/30/08 12/02/08 11/11/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/08 12/01/09 9/30/09	Method S.L. S.L. S.L. S.L. S.L. S.L. S.L. S.L		3,900 00 1,939 00 2,418 00 1,559 00 3,128 00 1,418 00 1,215 00 1,724 00 2,670 00 2,485 00 1,000 00 1,259 00 1,703 00 1,703 00 1,703 00 1,994 14 1,549 89 1,099 95 1,099 95 1,099 95 1,099 95 1,099 95 1,099 95 1,099 95 1,099 95 1,099 95 1,570 00 1,599 00 1,599 00 1,599 00 1,299 00 1,299 00 1,299 00 1,299 00 1,299 00 1,599 00 1,299 00 1,299 00 1,299 00 1,299 00 1,299 00 1,299 00 1,599 00 1,299 00 1,599 00 1,299 00 1,5	Depreciation 3,900 00 1,939 00 2,418 00 1,559 00 1,050 00 3,128 00 1,418 00 1,215 00 1,724 00 2,670 00 2,485 00 1,000 00 1,259 00 2,244 50 531 32 680 00 1,703 00 1,793 00 1,793 00 1,793 00 1,793 00 1,793 00 1,793 00 1,793 00 1,099 95 1,090 00 2,073 79 741 60 662 70 652 70 652 70 652 70 653 303 333 303 300 00 00 00 00 00 00 00 00 00 00 00 00 0	Depreciation 0 00 0 00 0 00 0 00 0 00 0 00 0 00 0	3,900 00 1,939 00 2,418 00 1,559 00 1,050 00 3,128 00 1,418 00 1,215 00 1,215 00 1,224 00 2,485 00 1,000 00 1,259 00 2,244 50 531 32 680 00 1,703 00 1,994 14 1,549 89 1,099 95 1,099 9
66	Apple Mac Books (3) Sales Database Groundwire - Sales Force Lateral 4 Door Fireproof Cabinet File Cabinet Hangrail Epson Scanner MIP Software	5 0	10/15/09	S/L Memo S/L S/L S/L S/L S/L S/L S/L S/L		3,519 00	879 75	351 90	1,231 65
77 78 79 80	Laptop - Brian Laptop - Lisa 27" iMac + Protection Plan VMWare Fusion	5 0 5 0 5 0 3 0	3/22/11 3/22/11 3/22/11 3/21/11	S/L S/L S/L S/L		1,863 62 877 98 1,956 00 839 88	0 00 0 00 0 00 0 00	93 18 43 90 97 80 69 99	93 18 43 90 97 80 69 99
		Utlice	& Compu	ier Equip		214,193.97	75,459 83	14,754 79	90 214 62

25-1685497

60308 PA Association for Sustainable Agricult 25-1685497 Book Depreciation Report by Group

12/12/2011 4:39 PM Page 2

FYE: 6/30/2011

Asset Group:	Property Description Vehicles	Book Period	Date in Service	Book Method	d <u>t</u>	Book Cost	Book Prior Depreciation	Book Current Depreciation	Book End Depr
19	Refridge Unit for Truck 2005 Subaru Forester GMC overhaul 2007 Toyota Prius	5 0 5 0 5 0 5 0	6/30/03 7/12/05 9/30/09 2/18/09	S/L S/L S/L S/L	d d	4,948 70 21,555 08 6,618 43 13,500 00	4,948 70 21,555 08 1,654 61 4,950 00	0 00 0 00 661 84 1,350 00	4,948 70 21,555 08 2,316 45 6,300 00
	*1	ess: Dispos	Vehicles ss: Dispositions and Transfers Net Vehicles			46,622 21 11,567 13 35,055 08	33,108 39 6,603 31 26,505 08	2,011 84 0 00 2,011 84	35,120 23 7,265 15 27,855 08
	1	Grand Total Less: Dispositions and Transfers Net Grand Total				260,816 18 11,567 13 249,249 05	108,568 22 6,603 31 101,964 91	16,766 63 0 00 16,766 63	125,334 85 7,265 15 118,069 70

FILE COPY

Form **8868**(Rev January 2011)
Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

• If you	are filing for an Automatic 3-Month Extension, c	omplete o	nly Part I and check this box .				<u> </u>	
• If you	are filing for an Additional (Not Automatic) 3-Mot complete Part II unless you have already been g	nth Exten	sion, complete only Part II (on pag					
a corpo 8868 to Return	onic filing (e-file). You can electronically file Form pration required to file Form 990-T), or an additional request an extension of time to file any of the file for Transfers Associated With Certain Personal tions). For more details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extension of time \text{\text{Normal}} I in Part I or Part II with the except Contracts, which must be sent to	You car tion of I the IRS	n eled Form S in	ctronica 8870, paper	ally file Form Information format (see	
Part								
	oration required to file Form 990-T and reques			k this b	OOX 8	and cor	mplete	
Partic						,	. ▶ 🗀	
	er corporations (including 1120-C filers), partnershi	ps. REMIC	s. and trusts must use Form 7004 t	to reaue	est ai	n exten	_	
	ncome tax returns	, -,	-,	•				
Туре с	Name of exempt organization			Employe	er ide	ntıficatı	ion number	
print	PENNSYLVANIA ASSOCIATION FO	R SUSTA	AINABLE AGRICULTURE	25-16	585	497		
File by th								
due date	1104 WOLTH 91VERT							
filing you return S		a foreign ad	dress, see instructions					
instructio								
Enter t	he Return code for the return that this application is	for (file a	separate application for each return)	1			01	
Appli	cation	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 01 Form 990-T (corporation)							07	
Form 990-BL 02 Form 1041-A							08	
Form 990-EZ			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	
Telepoint of the second of the	oooks are in the care of ► TREASURER ohone No ► 814-349-9856 organization does not have an office or place of but is for a Group Return, enter the organization's four whole group, check this box	 siness in th digit Grou				If th	. ▶ □	
	ith the names and EINs of all members the extension	-	, 2 g p,		_	_		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15 , 20 12 , to file the exempt organization return for the organization named above The extension is for the organization's return for. ▶ □ calendar year 20 or ▶ ☒ tax year beginning JANUARY 1 , 20 11 , and ending JUNE 30 , 20 11								
	If the tax year entered in line 1 is for less than 12 m Change in accounting period	nonths, che	eck reason 🔲 Initial return 🔲 Fi	ınal retu	irn			
3a	If this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions	-T, 4720, c	or 6069, enter the tentative tax, less		3a	\$	· — —	
b	If this application is for Form 990-PF, 990-T, 4			and				
	estimated tax payments made. Include any prior ye				3b	D		
С	Balance due Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS							

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

payment instructions

(Electronic Federal Tax Payment System) See instructions