

## 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.

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and ending		
Bc	heck if	C Name of organization	D Employer identific	cation number
	Addre chang	PENNSYLVANIA CERTIFIED ORGANIC		
	Name chang		23-28	885447
	Initial return	Number and street (or P O box if mail is not delivered to street address)  Room/s		
	Termiz		(814	
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,270,020.
	Application	<sup>a</sup> SPRING MILLS, PA 16875	H(a) Is this a group re	turn
	pendu	F Name and address of principal officer Leslie Zuck	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates inc	uded? Yes No
		empt status. X 501(c)(3) 501(c)( )	527 If "No," attach a	list. (see instructions)
		te: > WWW.PAORGANIC.ORG	H(c) Group exemption	
			Year of formation 1997 N	State of legal domicile PA
Pε	rt I	Summary		
မွ	1	Briefly describe the organization's mission or most significant activities. TO ASSUF	RE THE INTEGRI	I'Y OF
Activities & Governance	1	ORGANIC AGRICULTURAL PRODUCTS THROUGH EDUCAT	<del></del>	
/er	ſ	Check this box I if the organization discontinued its operations or disposed of		
ģ	1	Number of voting members of the governing body (Part VI, line 1a)	3	9
<b>∞</b> ರ ′೧	I	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
ij	l	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
<u>₹</u>		Total number of volunteers (estimate if necessary)	6	0.
¥	l	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34	7a 7b	0.
-		Net unrelated business taxable income nom Form 550-1, line 54	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,200.	95.
Revenue	ì	Program service revenue (Part VIII, line 2g)	1,209,959.	1,268,877.
ève		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,191.	1,048.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,214,350.	1,270,020.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-0)	653,697.	816,178.
Expenses	16a	Professional fundraising toos (Part IX column (A) (Intert Tr)	0.	0.
×		Total fundraising expenses (Part IX, column (P), line 25)   100, 756		
ш	17	Other expenses (Part IX, column (A), lines 118 114, Att 24 3 2012  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	481,102.	507,029.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,134,799.	1,323,207.
- 10	19	Revenue less expenses. Subtract line 18 from line 12 15 15 15 15 15 15 15 15 15 15 15 15 15	79,551.	< <u>53,187.</u> >
Net Assets or Fund Balances		OGDEN, OLL	Beginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	273,538.	232,665.
ind A	21	Total liabilities (Part X, line 26)	14,664. 258,874.	26,978. 205,687.
15.	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	230,074.	203,007.
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and s	totements, and to the hest of m	v knowledge and helief it is
		st, and complete. Declaration of preparer (other than officer) is based on all information of which pre		y kilowiedye alid belief, it is
true	, corre	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7/12/	12
Sig	n	Signature of efficer	Date	
Her		Leslie Zuck, Executive Dir		
1161	C	Type or print name and title	<del>. – – – – – – – – – – – – – – – – – – –</del>	<del></del>
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	i	JOSEPH P. FEDELI, CPA JOSEPH P. FEDELI,	CP06/26/12 self-employ	P00538622
	parer	Firm's name Fiore Fedeli Snyder Carothers, LLP	Firm's EIN	20-2000257
	Only	Firm's address 2013 Sandy Dr. Ste 200		
	•	State College, PA 16803	Phone no (	814) 237-8999
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
		12.13 IHA For Panerwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2011)

**SCANNED** SEP 3 0 2012

See Schedule O for Organization Mission Statement Continuation

Form **990** (2011)

			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	NO
	If "Yes," complete Schedule A	1 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	<del>-</del> _		
	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			<del></del>
	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			<del></del>
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		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	<u> </u>		
	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 temporarily restricted endowments, permanent	<u> </u>		
	endowments, 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, VII, 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,			
	Part VI	11a	Х	
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	İ	X
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		Ì	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Ì	1	İ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			ļ ,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	,,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	├—	X
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	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			U
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2011)
		⊢orm	990	レロココ

Perm 990 (2011) PENNSYLVANIA CERTI
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	00		X
24a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2.40	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	l	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		<u>X</u>
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
00	of any of these persons? 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			
а	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		.,
	Schedule N, Part II	32_	_	_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a		35a		X
	Did the organization have a controlled entity within the meaning of section of 2(o)(10).  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	500		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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>
		Form	990 (	2011)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			age <del>o</del>
	Check if Schedule O contains a response to any question in this Part V			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1
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 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		]
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority over, a		·	ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ļ	
	were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).	_	-	v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	1	x
	to file Form 8282?	7c	ļ	
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		]
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		<del> </del>
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	-	1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del> -	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		-
а	<u> </u>	13a	+-	<del> </del>
	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	1		
	Enter the amount of reserves on hand	14a	$\dagger$	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	144		43

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ļ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13_	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	X	ļ
	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	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b	<u> </u>	Ь.
<u>Sec</u>	tion 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 (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b>&gt;</b>	
	LESLIE ZUCK - 814-422-0251			
	106 SCHOOL STREET, SUITE 201, SPRING MILLS, PA 16875			

#### 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.

\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 hours per week	(do	(C) Position (do not check more box, unless person officer and a director				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional mustice	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MiSC)	compensation from the organization and related organizations
(1) CHARLIE WHITE			1							
DIRECTOR	0.60	X	L_	X	<u> </u>	_	<u> </u>	0.	0.	0.
(2) DEBRA DEIS			ł			}			_	_
VICE PRESIDENT	0.70	X	ļ		<u> </u>	<u> </u>		0.	0.	0.
(3) TOM MURPHY	}		}			{	}			_
TREASURER	0.70	X	<u> </u>	L.,		<u> </u>		0.	0.	0.
(4) ELIZABETH AMOS			1			1			_	
DIRECTOR	0.50	X	<u> </u>			<u> </u>	_	0.	0.	0.
(5) KATHY SODER	1		١				1	}	_	
SECRETARY	0.60	X	<del> </del>			↓_	_	0.	0.	0.
(6) FORREST STRICKER				ļ	}	1	ł			
DIRECTOR	0.60	X	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.
(7) TONY MARZOLINO	0.50	١	Ì	l		1				
DIRECTOR	0.50	X	—	X	<u> </u>	<del> </del>	_	0.	0.	0.
(8) MELANIE WERTZ	0.50	],		Ì		ì	1			,
DIRECTOR	0.50	X	<del> </del>	<del> </del>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) PHIL COLES	1 0 40				ĺ	l	ŀ			
DIRECTOR	0.40	X	╀	X	<u> </u>	├	├—	0.	0.	0.
(10) PATTY LOVERA	0.40			{						_
DIRECTOR	0.40	X	-	├	<u> </u>	<u> </u>	-	0.	0.	0.
(11) PAUL HARTZ	0.40	X	ļ	-	ļ		(	0.	0.	0.
DIRECTOR	0.40	^	╁╾	⊢		├-	├	<u> </u>	ļ	<u></u>
(12) KEN RICE	0.40	X	1	1	İ	1	1	0.	0.	0.
DIRECTOR	0.40	12	┼-	├	<del> </del>	├—	├	ļ	<u> </u>	<u> </u>
(13) LEE RINEHART	0.70	x	1	X	1	}	ł	0.	0.	0.
PRESIDENT	0.70	╀≏	╁	┝	-	┼─	┢	ļ	· · · · · ·	· ·
(14) JULIE HURST	0.50	X	}			1	ł	0.	0.	0.
DIRECTOR	0.30	┲	╁	├─	├-	┼	├		0.	•
(15) DAVE WILSON DIRECTOR	0.40	x					1	0.	0.	0.
(16) LESLIE ZUCK	1 . 10	+	+-	├	-	<del> </del>	$\vdash$	<del> </del>	<del>                                     </del>	<del></del>
EXECUTIVE DIRECTOR	40.00		1	X		}	]	78,934.	0.	5,780.
BARCOILAR DIVECTOR	10.00	+-	+	1	-	$\vdash$	<del>                                     </del>	,0,04.	<del> </del>	5,,00.
							Ì			}
	<del></del>	٠	ч—						<del></del>	<del></del>

(A)  Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation	(E) Reportable compensation	1		(F) stimate nount	of
	week (describe hours for related organizations in Schedule O)	Individual frustee or director	institutional frustee	Officer		nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	3	fr org an	other pensa om th anizat anizat	ation e iion ied
										-			
							-						
						-	-						
							_					-	
							_						<del>-</del>
1b Sub-total c Total from continuation sheets to Pai	rt VII. Section A		İ		l	<b>&gt;</b>		78,934.		0.			
d Total (add lines 1b and 1c)  Total number of individuals (including b	out not limited to th	ose	liste	ed a	bove	e) wl	no re	78,934. eceived more than \$100	,000 of reportable	0.		5,7	80.
compensation from the organization												Yes	0 No
3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J	for such individual										3_		х
4 For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$									the organization		4		х
5 Did any person listed on line 1a receive			-						dual for services				
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedul	<u>e J f</u>	or s	<u>uch</u>	pers	son		<del> </del>			5		<u>X</u>
Complete this table for your five highes	t compensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	tion 1	from	
the organization. Report compensation	15	-								<u> </u>			
(A) Name and busin	ness address	N	<u>INC</u>	Ξ				(B) Description of s	ervices	Co		C) insatio	on .
							!						
													_
					_		_						
		<u>-</u>					_						
Total number of independent contractor     \$100,000 of compensation from the organization.		ot li	mite	d to		se li	stec	d above) who received n	nore than				<del></del>

Form 990 (2011)

	,	Statement of Never	nue		<b>(A)</b> 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	t c c e f	Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and ve 1f	95.	95.			
Program Service Revenue	2 a k	INSPECT/CERTIFY WORKSHOPS  All other program service reverse		541900		1,245,032. 11,770. 12,075.		
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		est, and	1,048.		-7-,	1,048.
	7 a	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
nue	•	<ul> <li>Less: cost or other basis and sales expenses</li> <li>Gain or (loss)</li> <li>Net gain or (loss)</li> <li>Gross income from fundraisin including \$</li> </ul>	-	•				
Other Revenu	C	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ad	a 1c). See a b draising events				<del></del>	
	10 a	Part IV, line 19 Less: direct expenses Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold	-	<b>&gt;</b>				
		Net income or (loss) from sale Miscellaneous Revenu	es of inventory	Business Code				
		All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions		<b>&gt;</b>	1,270,020.	1,268,877.	0 .	. 1,048.

#### 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)

	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u> </u>	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to governments and		į		
	organizations in the United States See Part IV, line 21		-		
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		-	<u></u>	1.44
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	84,714.	55,064.	21,179.	8,471.
	trustees, and key employees	04,714.	33,004.	21/1/50	0,1,1
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	579,778.	501,612.	78,166.	
	Other salaries and wages	313,110.	301/012.	7071000	
8	Pension plan accruals and contributions (include	5.724	4.952	772.	
	section 401(k) and section 403(b) employer contributions)	5,724. 83,396.	4,952. 72,153.	11,243.	
9	Other employee benefits	62,566.	52,518.	9,299.	749
10	Payroll taxes	02,300.	32/310.	3,2330	
11	Fees for services (non-employees):				
_	Management		<del></del>		
b	Legal	5,925.	4,973.	881.	71
	Accounting	3,723.	17575.		
	Lobbying				
	Professional fundraising services See Part IV, line 17			111.11	
f	Investment management fees	1,224.	1,027.	182.	15
9	Other	21,236.	17,826.	3,156.	254
12	Advertising and promotion	39,271.	32,963.	5,837.	471
13	Office expenses	37,2710	32/3031	3,03.0	
14	Information technology				
15	Royalties	29,250.	24,552.	4,347.	351
16	Occupancy	4,739.	3,978.	704.	57
17	Travel	4,733.	3/3/00		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	49,618.	44,586.	4,656.	376
19	Conferences, conventions, and meetings	45/010.	11/3000		
20	Interest				
21	Payments to affiliates	13,811.	11,593.	2,053.	165
22	Depreciation, depletion, and amortization	13,011.			
23	Insurance Charges expanses not covered		······································		······································
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	INSPECTIONS	277,213.	277,213.		
a b	INSURANCE	17,759.	14,907.	2,639.	213
C	SEMINAR EXPENSE	16,587.	13,923.	2,465.	199
d	UTILITIES	14,083.	11,821.	2,093.	169
_	All other expenses	16,313.	13,694.	2,424.	195
25	Total functional expenses. Add lines 1 through 24e	1,323,207.	1,159,355.	152,096.	11,756
26	Joint costs. Complete this line only if the organization	_, ,			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance Sheet

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			69,757.	1	45,308.
	2	Savings and temporary cash investments			98,650.	2	45,308. 73,431.
		Pledges and grants receivable, net			······································	3	· · · · · · · · · · · · · · · · · · ·
		Accounts receivable, net			33,497.	4	35,916.
		Receivables from current and former officers, di	ectors.	trustees, kev	······································		······································
Ì	_	employees, and highest compensated employee					
		of Schedule L		ipioto i uit ii		5	
	6	Receivables from other disqualified persons (as	defined	Lunder section			· · · · · · · · · · · · · · · · · · ·
		4958(f)(1)), persons described in section 4958(c)		i i			
		employers and sponsoring organizations of sect		i			
		employees' beneficiary organizations (see instru		(C)(9) Voluntary		6	
3	-		Clions		· · · · · · · · · · · · · · · · · · ·	7	·
	7	Notes and loans receivable, net					· · · · · · · · · · · · · · · · · · ·
(	8	Inventories for sale or use		-	11,146.	8	11,548
	9	Prepaid expenses and deferred charges			11,140.	9	11,540
1	10a	Land, buildings, and equipment: cost or other		152 026			
		basis. Complete Part VI of Schedule D	10a	152,926. 86,464.	60 400		66 162
		Less: accumulated depreciation	10b	00,404.	60,488.		66,462
1	11	Investments - publicly traded securities		}		11	
	12	Investments - other securities See Part IV, line 1	11			12	
1	13	Investments · program-related. See Part IV, line	11	-		13	
.	14	Intangible assets		}_	<u></u>	14	
	15	Other assets. See Part IV, line 11			070 500	15	000 665
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	273,538.	16	232,665
	17	Accounts payable and accrued expenses			14,664.	17	26,978
	18	Grants payable				18	
	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities		_		20	
g   :	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
	22	Payables to current and former officers, director	rs, trust	tees, key employees,			
<u>a</u>		highest compensated employees, and disqualifi	ed pers	sons. Complete Part II			
3		of Schedule L				22	
:	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
:	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
:	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			14,664.	26	26,978
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
ဖွာ		lines 27 through 29, and lines 33 and 34.		·			
ဥ	27	Unrestricted net assets			258,874.	27	205,687
<u> </u>	28	Temporarily restricted net assets			· ·······	28	
	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and			······································
ב ב		complete lines 30 through 34.					
S	20	•				30	
Se	30	Capital stock or trust principal, or current funds		at fund		31	
¥	31	Paid-in or capital surplus, or land, building, or ed		ſ	<u> </u>	32	
<b>y</b>	32	Retained earnings, endowment, accumulated in	icome,	or other fullus	258,874.		205,687
	33	Total net assets or fund balances			273,538.		232,665
	<u>34</u>	Total liabilities and net assets/fund balances			2/3/330	J44	Form <b>990</b> (201

Form	1990 (2011) PENNSYLVANIA CERTIFIED ORGANIC	<u>23–28</u>	<u>8544</u> 7	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,270		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,323		
3	Revenue less expenses. Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	258	<u>},8</u>	74.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	205	,6	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				يلا
			r	Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other		-	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1	l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<b>.</b>
	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	d on a			İ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		ſ	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			Form 9	<del>9</del> 90 (	(2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

2011

Open to Public Inspection

Employer identification number 23-2885447

Name of the organization

PENNSYLVANIA CERTIFIED ORGANIC

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

			-	because it is: (For lines i	•		•	•					
1  =	=			s, or association of churc		ibed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
2	=			<b>0(b)(1)(A)(ii).</b> (Attach Scl									
3  _	╡		•	tal service organization of								_	
4 _				operated in conjunction v	with a hosi	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's name	e,
	_	city, and state											
5				benefit of a college or un	liversity ov	vned or op	erated by	a governr	nental uni	t describe	d in		
. —	_		<b>(b)(1)(A)(iv).</b> (Comple	•									
6	╣	A federal, sta	te, or local governme	ent or governmental unit	described	in sectio	n 170(b)(1	)(A)(v).					
7 _		An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	rıbed ır	1
	_		<b>b)(1)(A)(vi).</b> (Comple	•									
8	ᆗ	A community	trust described in s	ection 170(b)(1)(A)(vi). (	Complete	Part II)							
9 <u>7</u>		-	<del>-</del>	eives: (1) more than 33 1							-		
		activities relat	ted to its exempt fur	nctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	investr	ment
		income and u	inrelated business to	axable income (less sect	ion 511 ta:	x) from bu	sinesses a	cquired b	y the orga	nization a	fter June 3	0, 197	5.
_	_,	See section (	<b>509(a)(2).</b> (Complete	Part III.)									
10 📙	ᆜ			perated exclusively to tes									
11 📙	┙	An organization	on organized and or	perated exclusively for th	e benefit d	of, to perfo	rm the fur	ictions of,	or to carr	y out the p	ourposes o	of one c	or
				ations described in section				). See <b>sec</b>	tion 509(	a)(3). Che	ck the box	that	
		describes the	type of supporting	organization and comple		le through	11h.						
_	_	a Type I		• •		e III • Func	•	•		d 📖	Type III · C		
e∟				t the organization is not									n
		foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or s	ection 509	(a)(2).	
f		If the organization	ation received a writ	ten determination from t	he IRS tha	it it is a Ty	pe I, Type	II, or Type	: III				
			rganization, check th										L
9				organization accepted an									
		(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (II) and (	iıı) below,	_	Yes	No
		the gove	erning body of the si	upported organization?							11g(i)	<del></del>	
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h		Provide the fo	ollowing information	about the supported org	ganızatıon	(s).							
(i) Na	me	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	ı notıfy the	(vi) Is	the	(yii) An	nount of	 f
		nization	(,	organization (described on lines 1-9	, , ,	sted in your			organizati (i) organiz U S	ed in the		port	-
	•			above or IRC section	governing	document?	(i) of you	support?	υs	2			
			_	(see instructions))	Yes	No	Yes	No	Yes	No			
						į	i			1			
					<del> </del>		-	-	<del>                                     </del>				
							ļ						
				-			_						
					-					<del>                                     </del>		<del></del>	
			l	1	1	£	3	1	1	1			

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

Part II 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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ł			
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			<u> </u>			
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			<del></del>		<del></del>	<del></del>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						<del></del>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					,	
	and income from similar sources				ļ. <u>.</u> .	<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	ļ			ļ <u></u>	ļ <del></del>	
10	Other income. Do not include gain						
	or loss from the sale of capital						i
	assets (Explain in Part IV.)			<u> </u>	ļ		
11	• •			<u> L</u>	1		
12		, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is fo		's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	_
_	organization, check this box and sto	p here					
	ction C. Computation of Pub					44	
	Public support percentage for 2011			column (f))		14	<u>%</u>
15	Public support percentage from 2010	O Schedule A, Par	t II, line 14		44 00 4/00/	15	<u>%</u>
16	a 33 1/3% support test - 2011. If the				e 14 IS 33 1/3% Or	more, check this b	ox and ►
	stop here. The organization qualifies	as a publicly sup	ported organization	on 	d line 45 to 22 1/2	04 or more check t	hie boy
ı	33 1/3% support test - 2010. If the				d line 15 is 33 1/3	70 Of Hiole, Check t	▶ □
	and stop here. The organization qua				00 12 160 0-164	and line 14 is 1004	or more
17	a 10% -facts-and-circumstances tes	st - 2011. If the or	ganization did not	cneck a box on III	ne 13, 16a, or 16b	and line 14 is 10%	normore,
	and if the organization meets the "fa					art iv now the orga	► □
	meets the "facts-and-circumstances"					170 and line 15 in	10% or
(	5 10% -facts-and-circumstances tes						
	more, and if the organization meets t						<b>▶</b> □
_	organization meets the "facts-and-cil						
<u>18</u>	Private foundation. If the organization	on ala not check a	a box on line 13, 1	oa, 100, 1/a, 011	7 D, CHECK THIS DOX	and see instruction	1S

## Schedule A (Form 990 or 990-EZ) 2011 PENNSYLVANIA CERTIFIED ORGANIC 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.)

Sec	ction A. Public Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		l				
	include any "unusual grants.")	70,241.	55,906.	22,986.	17,915.	12,170.	179,218.
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	782,060.	876.618.	920,147.	1194244.	1256802	5029871.
3	Gross receipts from activities that		0.070200	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		12000021	
Ĭ	are not an unrelated trade or bus- lness 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						
A	Total. Add lines 1 through 5	852,301.	932,524.	943,133.	1212159.	1268972.	5209089.
	Amounts included on lines 1, 2, and	332,301.	702/324.	710,100.		12005120	3203003.
, a	3 received from disqualified persons					İ	0.
b	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						0.
c	: Add lines 7a and 7b						0.
8_	Public support (Subtract line 7c from line 6)			,			5209089.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 20 <u>1</u> 1	(f) Total
9	Amounts from line 6	852,301.	932,524.	943,133.	1212159.	1268972.	5209089.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	200.	568.	332.	2,191.	1,048.	4,339.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975			)			
c	Add lines 10a and 10b	200.	568.	332.	2,191.	1,048.	4,339.
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)	852,501.	933,092.	943,465.	1214350.	1270020.	5213428.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organız	ation,
_	check this box and stop here			<del></del>			<u>▶</u>
	ction C. Computation of Publ					<del> </del>	00.00
	Public support percentage for 2011 (I	• •	-	column (f))		15	99.92 %
	Public support percentage from 2010					16	99.91 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20			ne 13, column (f))		17	.08 %
18	, ,				. 45	18	
198	33 1/3% support tests - 2011. If the						17 is not ►X
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2010. If the						. —
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check th	iis box and see ins	structions	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

PENNSYLVANIA CERTIFIED ORGANIC

Employer identification number 23-2885447

Par	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	Is 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 w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad		e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	- Contract of the Contract of	istorically 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 qualifi	ed 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 stru	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a		eture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rela	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	-
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for
-	conservation easements.	<del></del>	<u> </u>
Pa	Till Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		VANIA CERT								Page 2
Par	t III - Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	t are a si	gnificant	use of its	collection	items
•	(check all that apply):									
а	Public exhibition	c	, <u> </u>	oan or exc	hange progra	ams				
b	Scholarly research	€	•	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further tl	he organizatio	on's exer	npt purpo	ose in Par	XIV.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered '	"Yes" to	Form 990	), Part IV,	ine 9, or	
1a	is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		-						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able:						
	•	·	<del>-</del>						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				-		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	the organization ar	nswered '	'Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		<u> </u>						<u></u>	-1.4.,-
d	Grants or scholarships									
e	Other expenditures for facilities				ľ	{				
	and programs									***************************************
f	Administrative expenses									
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1ç	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	·	%							
b	Permanent endowment ►	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	t are held a	and administe	ered for ti	he organı	zation	г	т
	by:								-	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X,		<del></del> -					<del> </del>
	Description of property	(a) Cost or basis (invest			t or other (other)		ccumulat preciation		(d) Bool	k value
1a	Land									·-·
b	Buildings									
С	Leasehold improvements				8,121.	ļ <del></del>		14.		4,207.
d	Equipment				27,407.		15,6			1,731.
	Other	1			7,398.		66,8	/4.		0,524.
Tota	L Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colun	nn (B), line	10(c).)				6	6 <u>,462.</u>

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 PENNSYLVANIA CERTIFIED ORGA					2	<u>3-2</u>	<u> 288544</u>	<u>17</u> F	Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	<u>ed Fi</u>	nancia	al S	tatem	ent	<u>s</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			<u> </u>	1					<del></del>
2	Total expenses (Form 990, Part IX, column (A), line 25)			<u> </u> _:	2					
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3					
4	Net unrealized gains (losses) on investments			<u>                                     </u>	4					
5	Donated services and use of facilities				5					
6	Investment expenses				6					
7	Prior period adjustments				7					
8	Other (Describe in Part XIV.)				В					
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				0					
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Re	<u>evenu</u>	e pe	er Ret	turn			
1	Total revenue, gains, and other support per audited financial statements					<u> </u>	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ı				1			
а	Net unrealized gains on investments	2a					1			
b	Donated services and use of facilities	2b					- 1			
c	Recoveries of prior year grants	2c					- 1			
d	Other (Describe in Part XIV.)	2d								
e	Add lines 2a through 2d					<u>  1</u>	2e			
3	Subtract line 2e from line 1						3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ı							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					ļ			
b	Other (Describe in Part XIV)	4b			_	<b>—</b> ↓				
C	Add lines 4a and 4b					_	4c			
5							5			
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	Vith E	xpens	ses	per H		<u>rn</u>		
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:	Ι.	ı				1			
а	Donated services and use of facilities	2a	ļ				1			
b	Prior year adjustments	_2b	<u> </u>				1			
С	Other losses	2c	ļ							
d	Other (Describe in Part XIV.)	2d	L				_			
е	Add lines 2a through 2d					<u> </u>	2e		——	
3	Subtract line 2e from line 1					-	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.	1				-			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_	<del> </del>				- 1			
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.)			<del></del>			5		——	
	rt XIV Supplemental Information			4.5	n				<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III									; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete thi	s part t	to provid	de an	y addit	ional	informatio	n.	
		-								
							-			

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

PENNSYLVANIA CERTIFIED ORGANIC 23-2885447

Part I Exces	s Benefit	Transacti	ons (secti	on 501(c)(	3) and sectio	n 501(c)(4) organizatio	ns only).					
Comple	te if the organ	nization ansv	vered "Yes	on Form	990, Part IV,	line 25a or 25b, or Foi	m 990-E	Z, Part	√, line 40	b.	·	
1 (a)	Name of disc	nualified pers	ion			(b) Description	of transa	ction			(c) Corr	ected?
						(b) Description					Yes	No
						<del></del>					<del> </del>	
					-						-	
	-	<del></del>									<del> </del>	
		<del></del>							_		<b>—</b>	
					-	<del></del>						
2 Enter the amour	nt of tax impo	sed on the c	rganization	managers	or disqualifi	ed persons during the	year un	der			<del></del>	
section 4958	·		•	J	•		•		▶ \$	_		_
3 Enter the amoun	nt of tax, if an	y, on line 2,	above, reim	bursed by	the organiza	ation			▶ \$			
							<del></del> -					
L	to and/or											
						line 26, or Form 990-E	T			roved		
(a) Name of Interpretation (a) (a) (a) (b) (a) (a) (a) (b) (a) (b) (a) (a) (a) (a) (b) (a) (b) (a) (b) (a) (b) (a) (b) (a) (b) (a) (b) (a) (b) (a) (b) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b		(b) Loan t the orgai		(c) Origin	nal principal nount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		То	From	7		ļ	Yes	No	Yes	No	Yes	No
											Į	
				<u> </u>			ļ		ļ			
				<u> </u>		<del>  </del>	ļ		ļ	<u></u>		
				<del> </del>			<b> </b>		ļ	<u> </u>	ļ	
				<del> </del>			<del> </del>		ļ	ļ	<del> </del>	
<del></del>		<del> </del>		<del> </del>	<del>_</del>		<del> </del>		<del>                                     </del>		<del> </del>	<del></del>
		<del> </del>		<del> </del>			<del> </del>		<del>                                     </del>		<del> </del>	
		<del> </del>		<del> </del>		<del></del>	<del> </del>		<u> </u>		<del> </del>	<del> </del>
Total		<u> </u>		<del></del>	<u>▶</u> \$		<u> </u>	<u> </u>	1	<u></u>	<del>                                     </del>	L
	s or Assis	tance Ber	nefiting I	ntereste			· · · · · · · · · · · · · · · · · · ·		· <del>}</del>	*******	. <del></del>	
	te if the orgai		_									
	of interested p				onship betw	een interested person	and				d type o	f
					the or	ganization				assistar ———	nce 	
	<del></del>			<u> </u>								
									<del></del>		<del></del>	<del></del>
<del></del>								+-				
						·		-				
								_				
				<del>-</del> -				-   -				
			<del></del>					-				
<del></del>												
					-	<del></del>						

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

Schedule L (Form 990 or 990-EZ) 2011

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

## 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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PENNSYLVANIA CERTIFIED ORGANIC

Employer identification number 23-2885447

Form 990, Part I, Line 1, Description of Organization Mission:
CERTIFICATION OF ORGANIC GROWERS, PROCESSORS AND HANDLERS.
Form 990, Part III, Line 4d, Other Program Services:
OPERATION UNDER VARIOUS GRANTS REGARDING MARKETING, SPECIALZED
ASSISTACE FOR DAIRY FARMERS AND PROTECTION OF PESTICIDE-FREE FRUIT
TREES
Expenses \$ 0. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section A, line 2: EXECUTIVE DIRECTORS' SISTER IS THE
ADMINISTRATIVE DIRECTOR FOR PA CERTIFIED ORGANIC AS OF 3/15/10.
Form 990, Part VI, Section B, line 11: FORM 990 IS PROVIDED TO PA
CERTIFIED ORGANIC MANAGEMENT AND REVIEWED PRIOR TO FILING.
Form 990, Part VI, Section B, Line 12c: BOARD MEMBERS SUBJECT TO AN ANNUAL
UPDATE OF RELATED PARTIES
Form 990, Part VI, Section B, Line 15b: EXECUTIVE DIRECTORS' SALARY IS
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
Form 990, Part VI, Section C, Line 18: PA CERTIFIED ORGANIC'S FORM 990 IS
AVAILABLE UPON REQUEST AT THEIR MAIN OFFICE IN SPRING MILLS, PA.
Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT PA
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization  PENNSYLVANIA CERTIFIED ORGANIC  PENNSYLVANIA CERTIFIED ORGANIC  23-2885447												
	PENNS		23-2885447									
CEDUITETED	ODCANTO! C	) ( N T L T	OBBIGE	T 2.7	CDD TVC	MTTTC	T) 7					
CERTIFIED	ORGANIC'S	MAIN	OFFICE	<u>TN</u>	SPRING	MILLS,	PA					
							····					
	· · · · · · · · · · · · · · · · · · ·				·							
	<del></del>						· · · · · · · · · · · · · · · · · · ·					
								· · · · · · · · · · · · · · · · · · ·				
		· <u>-</u>			. <u></u>							
	<del></del>											
		<u> </u>			•=							
					-							
					<del>_</del>	· · · · ·						
	· · · · · · · · · · · · · · · · · · ·					<del></del>						
		···										
			-	<del></del>								
							<del></del>					
							·					

06/25/2012 3:15 PM

Page 1

# 60218 PA Certified Organic Book Depreciation Report by Group

							·····	<del></del>	
Asset F	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: Comp	uter & Software								
Group: Compu 7 Compu 8 Compu 9 Fax Ma 10 Compu 11 Compu 13 Website 14 Compu 15 Compu 16 Sofware 17 Software 18 Compu 19 Battery 20 MicroV 22 Compu 23 Digital 24 Compu 25 Compu 26 Software 29 Compu 26 Software 29 Compu 30 Compu 31 Compu 31 Compu 32 Compu 34 Apple 1 36 2 Lapto 38 Compu 40 Printer 41 Compu 40 GPS for 47 Externa 48 Backup 49 3 monit 51 2 comp 53 MacBo 56 7 MacBo 56 7 MacBo 57 6 HP 20	ter Software  ter Software  ter Software  ter  ter  ter  ter  ter Software  ter  ter Software  ter  ter Equipment  backup  Varehouse  ters  Camera  ter Equipment  ters  ter Equipment  ters  ter Equipment  ters  ter Equipment  ter  Mac Computers (2)  p Computers  ter server  ter  ter PCO van  il Hard Drives  Tape System  ors  uters  od Pro  loook computers  O'' Computer Monitors	50050005000550055000500055000550005500055000550005500055000550005500055000550005500050005500055000550005500055000550005500055000550005500055000550005000550005500055000550005500055000550005500055000550005500055000500055000550005500055000500050005000500050000	4/15/99 5/09/00 6/19/00 11/02/00 3/30/01 7/01/01 2/01/02 4/23/03 6/04/03 11/13/03 5/12/03 11/125/03 4/18/03 1/18/04 5/14/04 7/15/04 10/13/04 11/10/04 7/01/05 6/08/05 9/06/06 5/15/07 12/20/07 4/01/08 5/27/08 2/02/09 3/26/09 7/31/09 11/01/09 12/30/09 7/31/09 8/26/10 10/01/10	200DB 200DB	-	315 85 1,844 82 1.827 85 149 94 1.827 60 466 70 3,206 25 1,433 88 1.283 51 142 85 184 90 1,897 00 50 27 7.162 80 2.171 82 454 41 813 24 3,578 64 498 00 663 39 588 45 3,459 25 4.607 50 2.990 00 4.100 00 338 13 1.440 00 286 19 465 93 2.847 46 779 10 3,124 66 3,026 30 7.752 00 1.017 54	315 85 1,844 82 1,827 85 149 94 1,827 60 466 70 3,206 25 1,433 88 1,283 51 142 85 184 90 1,897 00 50 27 7,162 80 2,171 82 454 41 813 24 3,578 64 498 00 663 39 588 45 3,459 25 3,993 17 2,192 67 2,460 00 185 98 744 00 182 85 163 08 806 78 181 79 624 93 857 45 516 80 50 88	0 00 0 00 0 00 0 00 0 00 0 00 0 00 0 0	315 85 1.844 82 1,827 85 149 94 1,827 60 466 70 3.206 25 1,433 88 1,283 51 142 85 184 90 1.897 00 50 27 7.162 80 2.171 82 454 41 813 24 3,578 64 498 00 663 39 588 45 3,459 25 4.607 50 2,790 67 3,280 00 278 25 256 27 1,376 27 337 61 1,249 86 1,462 71 2,067 20 254 39
60 13" Ma 61 9 Apple 62 1Pad	: Care is Router ok ok	3 0 5 0 3 0 5 0 5 0 5 0 5 0	1/11/11 5/16/11 5/16/11 8/24/11 8/26/11 9/11/11 9/13/11 11/16/11	S/L S/L S/L S/L S/L S/L S/L S/L	-	460 00 969 00 2.151 00 903 54 152 97 1,748 00 1,783 00 1,039 00	0 00 0 00 0 00 0 00 0 00 0 00 0 00	153 33 113 05 418 25 60 24 10 20 116 53 118 87 17 32	153 33 113 05 418 25 60 24 10 20 116 53 118 87 17 32
		C	omputer &	Software	:	76.002 74	46.981 80	7.293 75	54,275 55
Group: Const	ruction in Process								
70 Deposit	on Software		12/21/11 istruction i			8,530 00 8,530 00	0 00	0 00	0 00
Group: Furnit	ture & Equipment								
3 Office E 4 Office E 5 Office E 6 Office F 12 HP Prin 21 Telepho 27 Phone 32 Phone 33 Telepho 37 Office F 42 4 Air C 43 Commu	one system  ones (2)  Furniture  onditioners  inication System  Point Projector	5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 7 0 7 0 7 0 7 0 5 0	12/31/00 12/31/00 5/10/00 5/12/00 5/10/00 11/04/02 6/11/03 9/27/04 4/22/05 3/24/06 10/18/07 7/14/08 3/31/08 10/23/09 4/08/10	200DB 200DB 200DB 200DB 200DB 200DB 200DB 200DB S/L S/L S/L S/L S/L S/L S/L		501 94 220 63 223 90 161 57 1,339 00 89 97 3,500 00 535 00 530 00 800 00 13,241 00 1.602 88 1.056 49 859 98 695 00	501 94 220 63 223 90 161 57 1.339 00 89 97 3.500 00 535 00 530 00 760 00 4,192 98 572 45 415 06 200 67 104 25	0 00 0 00 0 00 0 00 0 00 0 00 0 00 0 0	501 94 220 63 223 90 161 57 1.339 00 89 97 3.500 00 535 00 530 00 800 00 5,517 08 801 43 565 99 372 67 243 25

· 60218 PA Certified Organic

Book Depreciation Report by Group

06/25/2012 3:15 PM

Page 2

<u>Asset</u>	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	: Furniture & Equipment (continu	ed)							
67 68 69	Vending Machine Cannon Rebel 10-1 D Refrigerator	5 0 5 0 5 0	3/08/11 3/24/11 7/12/11	S/L S/L S/L		650 00 499 88 899 94	0 00 0 00 0 00	108 33 74 98 89 99	108 33 74 98 89 99
		Fur	niture & E	quipment		27.407 18	13.347 42	2.328 31	15.675 73
Group	: Leasehold Improvements								
39 44 52 58	Renovations new offices Kitchen sink, counter top. cabinet Leasehold improvements Window Treatments	15 0 15 0 15 0 15 0	12/17/07 12/22/08 1/01/09 11/03/10	S/L S/L S/L S/L		11.367 65 448 00 2,477 50 3.827 36	2,273 52 59 74 330 34 42 53	757 84 29 87 165 17 255 16	3,031 36 89 61 495 51 297 69
		Leas	ehold Impi	ovements		18,120 51	2.706 13	1.208 04	3.914 17
<u>Group</u>	: Vehicles								
28 45 54	2000 Chevy Venture Van 1996 Subaru 2006 Subaru Impreza	5 0 5 0 5 0	1/31/05 2/07/09 9/10/10	S/L S/L S/L Vehicles		7,958 50 2,098 50 12,808 50 22.865 50	7,958 50 804 43 853 90 9,616 83	0 00 419 70 2.561 70 2,981 40	7.958 50 1,224 13 3.415 60 12 598 23
			Gr	and Total		152.925 93	72.652 18	13.811 50	86,463 68

#### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

	biere only La	irt I and check this box			ightharpoonup					
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II (on page 2 of	this form).							
Do not complete Part II unless you have already been grante	ed an automa	itic 3-month extension on a previou	sly filed For	rm 8868.						
lectronic filing (e-file). You can electronically file Form 8868	If you need a	a 3-month automatic extension of ti	me to file (6	months for	a corporation					
equired to file Form 990-T), or an additional (not automatic) 3-	month extens	sion of time. You can electronically	file Form 88	368 to reque	st an extension					
f time to file any of the forms listed in Part I or Part II with the		-		•						
ersonal Benefit Contracts, which must be sent to the IRS in	•									
Isit www.irs.gov/efile and click on e-file for Charities & Nonpro		,								
Part I Automatic 3-Month Extension of Ti		submit original (no copies ne	eded).							
corporation required to file Form 990-T and requesting an au										
Part I only			•		▶ □					
all other corporations (including 1120-C filers), partnerships, R o file income tax returns.	EMICs, and t	rusts must use Form 7004 to reque	st an exten	sion of time						
ype or Name of exempt organization or other filer, see instrint	structions.		Employer	identificatio	n number (EIN) or					
PENNSYLVANIA CERTIFIED OR	PENNSYLVANIA CERTIFIED ORGANIC X 23-28854									
Number, street, and room or suite no. If a P O. bo. 106 SCHOOL ST, No. 201	x, see Instruc	tions.	Social se	curity numbe	er (SSN)					
SPRING MILLS, PA 16875	a foreign add	iress, see instructions.								
inter the Return code for the return that this application is for	(file a separa	te application for each return)			0 1					
Application	Return	Application			Return					
s For	Code	Is For			Code					
orm 990	01	Form 990-T (corporation)			07					
Form 990-BL	02	Form 1041-A			08					
Form 990-EZ	01	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					
LESLIE ZUCK										
The books are in the care of ▶ 106 SCHOOL ST	REET,	SUITE 201 - SPRING	MILL	S, PA	16875					
Telephone No. ► 814-422-0251		FAX No. ▶								
If the organization does not have an office or place of busin	- ness in the Ur	nited States, check this box			<b></b>					
If this is for a Group Return, enter the organization's four di			If this is fo	r the whole g	roup, check this					
DOX ►	and atta	ach a list with the names and EINs	of all memb	ers the exter	nsion is for.					
1 I request an automatic 3-month (6 months for a corpora										
		ition return for the organization nam		The extension	on					
is for the organization's return for:	, ,	•								
► X calendar year 2011 or										
tax year beginning	, an	nd ending								
		_								
If the tax year entered in line 1 is for less than 12 month  Change in accounting period	s, check reas	on: Initial return	Final retur	'n						
3a If this application is for Form 990-BL, 990-PF, 990-T, 472	20, or 6069, e	enter the tentative tax, less any			0.					
nonrefundable credits. See instructions.			3a	\$	<u> </u>					
b If this application is for Form 990-PF, 990-T, 4720, or 60	•				0.					
estimated tax payments made. Include any prior year of			3b	\$	<u> </u>					
Balance due. Subtract line 3b from line 3a. Include you by using EFTPS (Electronic Federal Tax Payment System			3c		0.					

LHA

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