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Form 990

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)

OMB No 1545-0047

2011

Open to Public  
Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>SOUTHERN ALLEGHENIES PLANNING AND DEVELOPMENT COMMISSION</b>		D Employer identification number <b>25-1190505</b>	
	Doing Business As Number and street (or P O box if mail is not delivered to street address) <b>3 SHERATON DRIVE</b>		Room/suite	E Telephone number <b>814-949-6500</b>
	City or town, state or country, and ZIP + 4 <b>ALTOONA, PA 16601-9343</b>		G Gross receipts \$ <b>8,023,499.</b>	
	F Name and address of principal officer: <b>EDWARD M SILVETTI</b> <b>SAME AS C ABOVE</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	J Website: ► <a href="http://WWW.SAPDC.ORG">WWW.SAPDC.ORG</a>		H(c) Group exemption number ►	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1967 M State of legal domicile PA	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROMOTE ECONOMIC DEVELOPMENT AND JOB TRAINING IN A SIX-COUNTY REGION.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 42
	6 Total number of volunteers (estimate if necessary)	6 19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,176,417. Current Year 7,762,579.
	9 Program service revenue (Part VIII, line 2g)	300,732. 254,082.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,305. 6,838.
	11 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)	10,481,454. 8,023,499.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,042,675. 4,877,443.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,750,189. 1,723,932.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,869,706. 1,117,132.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,662,570. 7,718,507.
	19 Revenue less expenses. Subtract line 18 from line 12	<181,116. 304,992.
	RECEIVED IN JAN 29 2013	
Net Assets or Fund Balances	20 Total assets (Part X, line 6) <b>OPEN</b>	Beginning of Current Year 19,363,192. End of Year 19,539,746.
	21 Total liabilities (Part X, line 20)	11,711,881. 11,583,443.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,651,311. 7,956,303.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Arthur E. Wilkin</i>		Date <i>January 25, 2013</i>
	ARTHUR E. WILKIN, JR., BOARD TREASURER		
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <b>STEPHANIE A. STOHON</b>	Preparer's signature <i>Stephanie A. Stohon, CPA</i>	Date <b>01/18/13</b> Check <input type="checkbox"/> if self-employed <b>P01231282</b>
	Firm's name ► <b>WESSEL &amp; COMPANY, CPAS</b>	Firm's EIN ► <b>25-1390233</b>	
	Firm's address ► <b>215 MAIN STREET JOHNSTOWN, PA 15901</b>	Phone no <b>(814) 536-7864</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

**SOUTHERN ALLEGHENIES PLANNING AND  
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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**PROMOTE ECONOMIC DEVELOPMENT AND JOB TRAINING IN A SIX-COUNTY REGION.**

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 873,115. Including grants of \$ 447,990. ) (Revenue \$ 978,821. )

**EARN WELFARE SERVICES - SERVICE DELIVERY AREA FOR FOR A SIX COUNTY REGION**

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4b (Code \_\_\_\_\_) (Expenses \$ 4,100,400. Including grants of \$ 3,799,911. ) (Revenue \$ 4,364,972. )

**WORKFORCE INVESTMENT ACT - PROMOTE WORKFORCE DEVELOPMENT IN A SIX COUNTY REGION**

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4c (Code \_\_\_\_\_) (Expenses \$ 167,484. Including grants of \$ \_\_\_\_\_) (Revenue \$ 128,060. )

**TRAVEL DEVELOPMENT FUND - PROMOTE TRAVEL IN A SIX COUNTY REGION**

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

(Expenses \$ 1,193,643. Including grants of \$ 569,683. ) (Revenue \$ 2,290,810. )

4e Total program service expenses ► 6,334,642.

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**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 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.
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
  - 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*
  - c 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*
  - 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*
  - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part 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*
  - 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*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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*
- 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*
- 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*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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**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	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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 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 instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c 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	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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	35a	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b	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	36	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note. All Form 990 filers are required to complete Schedule O</b>	37	X
	38	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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	1a	14
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	42
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
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 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	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a 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?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13b	
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	13c	
c Enter the amount of reserves on hand		
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**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**

1a Enter the number of voting members of the governing body at the end of the tax year  
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

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	19	
1b	19	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," 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 exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ►PA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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: ►  
**THE ORGANIZATION - 814-949-6500**  
**3 SHERATON DRIVE, ALTOONA, PA 16601-9343**

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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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MARK J. WISSINGER DIRECTOR	1.00	X					0.	0.	0.
(2) STEVEN K. HOWSARE PRESIDENT	1.00	X	X				0.	0.	0.
(3) ARTHUR E. WILKIN, JR. TREASURER	1.00	X	X				0.	0.	0.
(4) JAY B. CESSNA MEMBER AT LARGE	1.00	X					0.	0.	0.
(5) RODNEY MCCRAY DIRECTOR	1.00	X					0.	0.	0.
(6) DIANE MELING DIRECTOR	1.00	X					0.	0.	0.
(7) TERENCE TOMASSETTI DIRECTOR	1.00	X					0.	0.	0.
(8) DOUGLAS LENGENFELDER DIRECTOR	1.00	X					0.	0.	0.
(9) CRAIG CUTCHALL VICE-PRESIDENT	1.00	X	X				0.	0.	0.
(10) R. DEAN FLUKE DIRECTOR	1.00	X					0.	0.	0.
(11) JEFF THOMAS DIRECTOR	1.00	X					0.	0.	0.
(12) JOHN VATAVUK DIRECTOR	1.00	X					0.	0.	0.
(13) PAMELA TOKAR-ICKES DIRECTOR	1.00	X					0.	0.	0.
(14) JAMES J. LAKSO MEMBER AT LARGE	1.00	X					0.	0.	0.
(15) SHARON S. CLAPPER MEMBER AT LARGE	1.00	X					0.	0.	0.
(16) HEATHER J. MECK SECRETARY	1.00	X	X				0.	0.	0.
(17) DENNIS J. MUNKO MEMBER AT LARGE	1.00	X					0.	0.	0.

SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION

Form 990 (2011)

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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) DANIEL BROGDON MEMBER AT LARGE	1.00	X					0.	0.	0.
(19) KIRT MORRIS DIRECTOR	1.00	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►							0.		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							5		X
<b>Section B. Independent Contractors</b>									
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services			(C) Compensation					
PRIVATE INDUSTRY COUNCIL OF CENTRE COUNTY 2595-1 CLYDE AVE, STATE COLLEGE, PA 16801	SUB-CONTRACTOR			1,108,644.					
GOODWILL INDUSTRIES OF THE CONEMAUGH VALLEY 540-542 CENTRAL AVE, JOHNSTOWN, PA 15902	SUB-CONTRACTOR			948,576.					
HUNTINGDON EMPLOYMENT AND TRAINING 54 PENNSYLVANIA AVE, HUNTINGDON, PA 16652	SUB-CONTRACTOR			748,906.					
TABLELAND SERVICES INC 535 EAST MAIN ST, SOMERSET, PA 15501	SUB-CONTRACTOR			473,779.					
CENTER FOR COMMUNITY ACTION 195 DRIVE IN LANE, EVERETT, PA 15537	SUB-CONTRACTOR			174,521.					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►									

**SOUTHERN ALLEGHENIES PLANNING AND  
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**Part VIII | Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a Federated campaigns</b> b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ _____ h Total. Add lines 1a-1f	<b>1a</b> 1b 1c 1d 1e <b>7,762,579.</b> 1f ► <b>7,762,579.</b>			
<b>Program Service Revenue</b>	<b>2 a INTEREST ON LOAN PMTS</b> b LOAN FEES c PARTICIPATION FEES d _____ e _____ f All other program service revenue g Total. Add lines 2a-2f	<b>Business Code:</b> 900099 900099 900099 ► <b>207,557.</b> 24,652. 21,873. 254,082.			<b>207,557.</b>
	<b>3 Investment income (including dividends, interest, and other similar amounts)</b> 4 Income from investment of tax-exempt bond proceeds 5 Royalties	► <b>6,838.</b> ► ►			<b>6,838.</b>
	<b>6 a Gross rents</b> b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	<b>(i) Real</b> ►			
	<b>7 a Gross amount from sales of assets other than inventory</b> b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	<b>(i) Securities</b> ►			
<b>Other Revenue</b>	<b>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18</b> b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	<b>a</b> <b>b</b> ► <b>a</b> <b>b</b> ► <b>a</b> <b>b</b> ► <b>a</b> <b>b</b> ►			
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11 a</b> b c d All other revenue e Total. Add lines 11a-11d				
	<b>12 Total revenue. See instructions</b>	► <b>8,023,499.</b>	<b>46,525.</b>	<b>0.</b>	<b>214,395.</b>

**SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION**

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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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,217,857.	4,217,857.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	659,586.	659,586.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	160,106.	56,037.	104,069.	
7 Other salaries and wages	948,901.	866,522.	82,379.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,585.		7,585.	
9 Other employee benefits	583,608.	189,654.	393,954.	
10 Payroll taxes	23,732.	9,282.	14,450.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	51,078.		51,078.	
12 Advertising and promotion	116,258.	100,680.	15,578.	
13 Office expenses	94,255.	41,792.	52,463.	
14 Information technology	18,784.	18,784.		
15 Royalties				
16 Occupancy	34,152.	21,366.	12,786.	
17 Travel	69,730.	16,319.	53,411.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,847.	344.	46,503.	
20 Interest	8,567.		8,567.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,293.		15,293.	
23 Insurance	3,461.	396.	3,065.	
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)				
a ALLOCATED ADMIN	505,983.	61,530.	444,453.	
b MISCELLANEOUS	31,829.	31,018.	811.	
c DUES	25,081.	574.	24,507.	
d OTHER	1,370.		1,370.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,718,507.	6,334,642.	1,383,865.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ►  if following SOP 98-2 (ASC 958-720)

**SOUTHERN ALLEGHENIES PLANNING AND  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,933,848.	1	<u>3,577,940.</u>
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	984,442.	4	<u>1,403,038.</u>
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	15,324,581.	7	<u>14,450,025.</u>
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	64,150.	9	<u>67,865.</u>
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	273,583.		
	b Less: accumulated depreciation	10b 232,705.	56,171.	10c 40,878.
	11 Investments - publicly traded securities		11	
	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	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>19,363,192.</b>	<b>16</b>	<b>19,539,746.</b>
Liabilities	17 Accounts payable and accrued expenses	844,755.	17	<u>1,233,500.</u>
	18 Grants payable		18	
	19 Deferred revenue	514,906.	19	<u>248,599.</u>
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,352,220.	23	<u>10,101,344.</u>
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>11,711,881.</b>	<b>26</b>	<b>11,583,443.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,168,924.	27	<u>2,325,067.</u>
	28 Temporarily restricted net assets	5,482,387.	28	<u>5,631,236.</u>
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	<u>7,651,311.</u>	<u>33</u>	<u>7,956,303.</u>
	<b>34 Total liabilities and net assets/fund balances</b>	<b>19,363,192.</b>	<b>34</b>	<b>19,539,746.</b>

Form 990 (2011)

**SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION**

Form 990 (2011)

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**Part 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	8,023,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,718,507.
3	Revenue less expenses. Subtract line 2 from line 1	3	304,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,651,311.
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	7,956,303.

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2011)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION** Employer identification number **25-1190505**

**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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION**

Schedule D (Form 990) 2011

25-1190505 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance
- b Contributions
- c Net investment earnings, gains, and losses
- d Grants or scholarships
- e Other expenditures for facilities and programs
- f Administrative expenses
- g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations
- (ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	273,583.	232,705.	40,878.	
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

► **40,878.**

Schedule D (Form 990) 2011

**SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION**

Schedule D (Form 990) 2011

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**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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)

132053  
01-23-12

Schedule D (Form 990) 2011

**SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION**

Schedule D (Form 990) 2011

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**Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,023,499.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	7,718,507.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	304,992.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	304,992.

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	8,023,499.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	8,023,499.
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	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,023,499.

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	7,718,507.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	7,718,507.
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	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,718,507.

**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: THE COMMISSION ADOPTED FASB ASC TOPIC ACCOUNTING FOR**

**UNCERTAINTY IN INCOME TAXES. THE FASB ASC REQUIRES THE COMMISSION TO**

**EVALUATE TAX POSITIONS TAKEN AND DETERMINE WHETHER IT IS**

**MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON**

**EXAMINATION BASED ON THE TECHNICAL MERITS OF THE POSITION. THE COMMISSION**

**HAS PERFORMED AN EVALUATION AND HAS DETERMINED THERE ARE NO MATERIAL**

**UNRECOGNIZED TAX POSITIONS OR UNCERTAIN TAX POSITIONS THAT MEET THE**

**REPORTING AND DISCLOSURE PROVISIONS OF FASB ASC. THE COMMISSION RECORDS**

Schedule D (Form 990) 2011

132054  
01-23-12

**Part XIV Supplemental Information (continued)**

## TAX PENALTIES AND INTEREST AS THEY OCCUR.

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

**2011**  
Open to Public  
Inspection

Name of the organization	SOUTHERN ALLEGHENIES PLANNING AND DEVELOPMENT COMMISSION					Employer identification number 25-1190505																																																								
<b>Part I General Information on Grants and Assistance</b>																																																														
<p>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</p> <p>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</p>						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																								
<p><b>Part II Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed</p>						<input type="checkbox"/> ►																																																								
<table border="1"> <thead> <tr> <th>1 (a) Name and address of organization or government</th> <th>(b) EIN</th> <th>(c) IRC section if applicable</th> <th>(d) Amount of cash grant</th> <th>(e) Amount of non-cash assistance</th> <th>(f) Method of valuation (book, FMV, appraisal, other)</th> <th>(g) Description of non-cash assistance</th> <th>(h) Purpose of grant or assistance</th> </tr> </thead> <tbody> <tr> <td>GREATER JOHNSTOWN CTC</td> <td>25-1180557</td> <td></td> <td>147,924.</td> <td>0.</td> <td></td> <td></td> <td>x</td> </tr> <tr> <td>TABLELAND</td> <td>25-1155958</td> <td></td> <td>473,779.</td> <td>0.</td> <td></td> <td></td> <td>x</td> </tr> <tr> <td>BLAIR COMMUNITY ACTION</td> <td>25-6084090</td> <td></td> <td>9,866.</td> <td>0.</td> <td></td> <td></td> <td>x</td> </tr> <tr> <td>PRIVATE INDUSTRY COUNCIL</td> <td>25-1425443</td> <td></td> <td>1,108,644.</td> <td>0.</td> <td></td> <td></td> <td>x</td> </tr> <tr> <td>CENTER FOR COMMUNITY ACTION</td> <td>25-1701123</td> <td></td> <td>174,521.</td> <td>0.</td> <td></td> <td></td> <td>x</td> </tr> <tr> <td>GOODWILL INDUSTRIES</td> <td>25-1115026</td> <td></td> <td>964,665.</td> <td>0.</td> <td></td> <td></td> <td>x</td> </tr> </tbody> </table>						1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	GREATER JOHNSTOWN CTC	25-1180557		147,924.	0.			x	TABLELAND	25-1155958		473,779.	0.			x	BLAIR COMMUNITY ACTION	25-6084090		9,866.	0.			x	PRIVATE INDUSTRY COUNCIL	25-1425443		1,108,644.	0.			x	CENTER FOR COMMUNITY ACTION	25-1701123		174,521.	0.			x	GOODWILL INDUSTRIES	25-1115026		964,665.	0.			x	<input type="checkbox"/> ►
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GOODWILL INDUSTRIES	25-1115026		964,665.	0.			x																																																							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPLOYMENT & TRAINING INC	25-1380927		748,906.	0.			X
NORTH CENTER REGIONAL PLANNING	25-1118537		108,235.	0.			X
NORTHERN TIER	23-1730429		98,462.	0.			X
PENN STATE UNIVERSITY	24-6000375		79,829.	0.			X
NORTHEASTERN PA ALLIANCE	23-1652755		53,760.	0.			X
NORTHWEST PA REGIONAL PLANNING	25-1188720		43,298.	0.			X
SEDA COG	23-1881493		64,697.	0.			X
SOUTHWESTERN PA CORP	25-1482502		46,880.	0.			X
SOMERSET COUNTY TECH CENTER	25-1191444		46,285.	0.			X

SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCD CORP	25-1143641		15,021.	0.	X		
BEDFORD COUNTY DEV ASSOC			8,772.	0.	X		
JARI	23-2907514		16,874.	0.	X		
SOMERSET CO ECON DEV COUN	25-6010909		7,439.	0.	X		
	</						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIVIDUAL TRAINING ACCTS	238	627,493.	0.		
SUPPORTIVE SERVICES - STIPEND	44	12,189.	0.		
WORKKEYS/CORE WORKSHOPS	211	16,664.	0.		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: AS PART OF THE MONITORING FUNCTION, THE ORGANIZATION RECEIVES COPIES OF THEIR SUBRECIPIENTS AUDIT REPORTS. THESE AUDIT REPORTS ARE REVIEWED AND AN OMB A-133 MONITORING AND MANAGEMENT DECISION EVALUATION FORM IS COMPLETED WHICH SUMMARIZES THE INFORMATION CONTAINED IN THE SUBRECIPIENTS AUDIT REPORT. ANY AUDIT FINDINGS OR QUESTIONED COSTS ARE FOLLOWED UP WITH THE CLIENT BY THE ORGANIZATION. MONITORING VISITS ARE PERFORMED EVERY OTHER YEAR BY VARIOUS ORGANIZATION PERSONNEL, DEPENDING ON WHAT TYPE OF SERVICE THE SUBRECIPIENT IS PERFORMING.**

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SOUTHERN ALLEGHENIES PLANNING AND  
DEVELOPMENT COMMISSION

Employer identification number  
25-1190505

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 REVIEW PROCESS: THE FORM  
990 IS COMPLETED BY THE COMMISSION'S SINGLE AUDIT FIRM, REVIEWED INTERNALLY  
BY THE CONTROLLER AND EXECUTIVE DIRECTOR AND PRESENTED TO THE COMMISSION'S  
FINANCE COMMITTEE AND BOARD OF DIRECTORS. THE TREASURER OF SAP&DC IS THE  
BOARD-DESIGNATED OFFICER WHO SIGNS FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCING  
COMPLIANCE WITH CONFLICT OF INTEREST POLICY: SAP&DC STAFF AND BOARD  
MEMBERS ARE REQUIRED UNDER COMMISSION POLICY #A101 TO DISCLOSE ANY  
CONFLICTS OF INTEREST THAT MAY EXIST. ADDITIONALLY, THIS POLICY INCLUDES  
PROVISIONS FOR ADDRESSING SUCH CONFLICTS. FINALLY, STAFF AND BOARD MEMBERS  
ARE REQUIRED TO COMPLETE AND SUBMIT AN "ANNUAL DISCLOSURE STATEMENT" AS  
THIS PERTAINS TO HAVING ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW PROCESS: THE  
SAP&DC'S BOARD OF DIRECTORS ANNUALLY AUTHORIZES SALARY ADJUSTMENTS. THESE  
MAY BE PERCENTAGES OR DOLLAR AMOUNTS AND ARE TYPICALLY GRANTED FOLLOWING  
ACCEPTABLE PERFORMANCE EVALUATIONS CONDUCTED AT EACH EMPLOYEE'S EMPLOYMENT  
ANNIVERSARY MONTH. FOR THE POSITIONS OF EXECUTIVE DIRECTOR AND CONTROLLER,  
THE BOARD OF DIRECTORS SETS THESE ANNUAL SALARIES. FOR FY 2008- 2009, THE  
SALARIES WERE SET BY THE BOARD OF DIRECTORS AT THEIR MEETING HELD MAY 21,  
2008 AND REFLECTED A PERCENTAGE INCREASE NO GREATER THAN THAT GRANTED TO  
OTHER EMPLOYEES. NO RAISES HAVE OCCURED SINCE 2008.

FORM 990, PART VI, SECTION C, LINE 18: PUBLIC DISCLOSURE PROCEDURES:

SAP&DC, A PUBLIC NON-PROFIT CORPORATION, HAS ALWAYS MAINTAINED A PUBLIC

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

132211  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	SOUTHERN ALLEGHENIES PLANNING AND DEVELOPMENT COMMISSION	Employer identification number
		25-1190505

DISCLOSURE POSITION, I.E. WITH THE EXCEPTION OF PROPRIETARY INFORMATION ON ITS CLIENTS OR PERSONAL EMPLOYEE INFORMATION, ALL RECORDS ARE AVAILABLE TO THE PUBLIC. IN 2008, PA GOVERNOR ED RENDELL SIGNED THE "RIGHT-TO-KNOW" LAW IN PENNSYLVANIA. THE LAW OUTLINES THE REQUIREMENTS FOR OPEN PUBLIC RECORDS.  
SAP&DC FALLS UNDER THIS LAW AND IMMEDIATELY ESTABLISHED A BOARD-APPROVED "OPEN RECORDS POLICY". THIS POLICY AND SUPPORTING INFORMATION IS PROMINENTLY POSTED ON THE COMMISSION WEBSITE (HOMEPAGE).

FORM 990, PART VI, SECTION C, LINE 19: PUBLIC DISCLOSURE PROCEDURES:  
SAP&DC, A PUBLIC NON-PROFIT CORPORATION, HAS ALWAYS MAINTAINED A PUBLIC DISCLOSURE POSITION, I.E. WITH THE EXCEPTION OF PROPRIETARY INFORMATION ON ITS CLIENTS OR PERSONAL EMPLOYEE INFORMATION, ALL RECORDS ARE AVAILABLE TO THE PUBLIC. IN 2008, PA GOVERNOR ED RENDELL SIGNED THE "RIGHT-TO-KNOW" LAW IN PENNSYLVANIA. THE LAW OUTLINES THE REQUIREMENTS FOR OPEN PUBLIC RECORDS.  
SAP&DC FALLS UNDER THIS LAW AND IMMEDIATELY ESTABLISHED A BOARD-APPROVED "OPEN RECORDS POLICY". THIS POLICY AND SUPPORTING INFORMATION IS PROMINENTLY POSTED ON THE COMMISSION WEBSITE (HOMEPAGE).

NO CHANGES FROM PRIOR YEAR.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. <b>SOUTHERN ALLEGHENIES PLANNING AND DEVELOPMENT COMMISSION</b>	Employer identification number (EIN) or <b>X 25-1190505</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3 SHERATON DRIVE</b>	Social security number (SSN) <input type="text"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALTOONA, PA 16601-9343</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 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

**THE ORGANIZATION**

- The books are in the care of ► **3 SHERATON DRIVE - ALTOONA, PA 16601-9343**

Telephone No. ► **814-949-6500** FAX No. ► 

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

**FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year  or►  tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**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.

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

Form 8868 (Rev. 1-2012)