On January 5, 2017 at 10:04 am, the SWANA Keystone Chapter Board of Directors Meeting was held as a conference call. Those in attendance were:

January 5, 2017

Officers	<b>Board of Directors</b>	Committee Chairs, Members, & Visitors
Bryan Wehler	Tessa Antolick	John Aliveto
Sean Sweeney	Mike Engel	Daniel Brown
Michele Nestor	Robert Hasemeier	David Horne
Larry Taylor	Tom Lock	Chanda Martino
	Scott McGrath	Denise Wessels
	Chuck Raudenbush	
	Scot Sample	
	Bob Watts	

**Approve Minutes** from November 3, 2016 Board Meeting – **Mr. Wehler** moved to approve the minutes for the November 3, 2016 Board Meeting. **Mr. Raudenbush** seconded. Vote was called; the motion passed unanimously.

**Treasurer's Report – Mr. Taylor** submitted the following documents prior to the Meeting:

- November & December Bank Reconciliations
- Transactions Report
- Vendor Balance Summary
- Annual Report to SWANA
- Tax Return
- Financial Statement from Garcia, Garman, & Shea, PC

**Mr. Taylor** requested approval of the Transactions list for November and December. **Mr. Watts** moved to approve the Transaction report and **Mr. Wehler** seconded. Vote was called and the motion passed unanimously.

**Mr. Taylor** requested a motion to approve payment of the Secretariat invoice. **Mr. Sample** so moved and **Mr. Engel** seconded. The motion passed unanimously.

**Mr. Taylor** requested a motion to approve the remaining Treasure's Report. **Mr. Hasemeier** made the motion and **Mr. Sweeney** seconded. The motion was passed unanimously.

Copies of all Treasurer's Reports are attached and hereto made part of the minutes.

#### **COMMITTEE REPORTS**

#### **Legislative Policy**

**Mr. Raudenbush** reviewed the current legislative activity, including future changes to ewaste recycling with additional input from **Ms. Nestor**. A brief discussion followed.

Mr. Raudenbush also discussed the possibility of Scott Pruit as head of US EPA.

#### Membership/Marketing Plan

No business to report.

#### Newsletter

Meeting Minutes January 5, 2017 Page 2

**Mr. Hasemeier** reported an email reminder was sent for the article deadline of January 15. The Winter Edition of <u>The Keystone</u> will be distributed in February.

#### **Nominating**

No business to report.

#### **Fall Conference**

**Ms. Nestor** reported she has begun lining up speakers for the 2017 Fall Conference. **Mr. Wehler** will get in touch with Dr. Koerner to present again this year.

#### **Mini-Tech Seminars**

The next Mini-Tech is the Safety Summit on March 15<sup>th</sup>. **Ms. Wessels** reported the speakers are lined up and online registration will open January 15<sup>th</sup>.

There are several future Mini-Techs including Solar Renewable Energy in mid-April and wastewater/leachate treatment processes on May 18.

**Ms.** Wessels discussed the results of the SWANA Training survey. A discussion followed regarding possible locations and dates for the training. It was decided to look into a 2-day MOLO in the October/November timeframe.

Ms. Wessels report is attached and hereto made part of the minutes.

#### Road-E-O

Mr. Watts is in the process of determining the best location for the 2017 Road-E-O.

#### Safety

Mr. Aliveto reported he and Mr. Horne are working to determine the best format for the Safety newsletter.

Mr. Aliveto and Mr. Horne will both be attending SWANApalooza in March.

The agenda for the Safety Summit has been set.

#### **Scholarships**

**Mr. Brown** reported the scholarship applications will be released at the beginning of February. An announcement will go out to the membership when they become available. Email reminders will go out twice a month.

**Mr.** Wehler noted that returned applications were down last year and suggested the Board help get the word out to any possible applicants.

#### Website

**Ms. Martino** reported the new Chapter website is live. If the Board has any suggestions or additions, send them to her. Online credit card registration for the Safety Summit is scheduled to open January 15.

As we are currently unable to access the Chapter Twitter account, **Ms. Martino** will be looking into how to reset that account. **Ms. Nestor** offered to assist posting to the Twitter account after access has been gained.

#### **Young Professionals**

Meeting Minutes January 5, 2017 Page 3

**Ms. Antolick** has targeted Lycoming County Resource Management Services as the site for the 2017 YP Technical Event with a May/June timeframe. **Ms. Antolick** plans to update and add content to the YP page now that the new Chapter website is live.

#### International

**Mr. Watts** reviewed his report of recent International Activity and upcoming events. International SWANA is doing very well and their safety efforts have received international attention.

A copy of the International Director's Report is attached and hereto made part of the minutes.

**Mr. Wehler** reported that a letter was sent to International SWANA, recommending **Kathryn Sandoe**, of LCSWMA, for the position of SWANA International Board Secretary for FY 2108.

#### **CHAPTER CALENDAR**

#### October 2016

- Chapter fiscal year begins
- No Board Meeting
- 10/21, 10 am, Drone Demo & Greenhouse Mini Tech, Troy, PA
- Treasurer prepares fiscal audit packets
- Distribute fall edition of The Keystone

#### November 2016

- 11/3, 10 am Board Meeting Conference Call
- 11/3, Audit Committee meeting immediately following Board Meeting
- Treasurer submits Chapter financial report to the accountant
- Plan to renew Secretariat Administrative Service Contract for next year

#### December 2016

- No Board Meeting
- Accountant audits financial report and prepares 990 IRS Tax Filing
- Secretary and Treasurer submit Chapter annual reports to SWANA
- Sign Secretariat service contract for next year

#### January 2017

- 1/5, 10 am, Board Meeting Conference Call
- 1/15, Article Deadline for winter edition of *The Keystone*
- Program Committee initiates planning for 19th Annual Fall Conference
- Receive Scholarship applications from SWANA Headquarters
- Send Scholarship announcement to members

#### February 2017

- 2/2, 10 am, Board Meeting Conference Call
- Distribute winter edition of *The Keystone*

#### March 2017

- 3/2, 10 am, Board Meeting Conference Call
- Mail exhibitors and sponsorship announcement for 19th Annual Fall Conference
- Program Committee completes planning for Fall Conference

#### **April 2017**

- Safety Summit
- 4/6, 10 am, Board Meeting Conference Call
- 4/29, Chapter Scholarship Application Deadline

#### May 2017

- 5/4,10 am, Board Meeting Conference Call
- Nominating Committee presents Slate of Officers and Directors for election
- 5/15, Article deadline for summer edition of The Keystone

#### June 2017

- 6/1, 10 am, Board Meeting Conference Call
- 6/1, Deadline for submittal of Grant H. Flint Scholarship recommendations to SWANA Headquarters
- Email registration announcement for 19th Fall Conference
- Review annual budget
- Distribute summer edition of *The Keystone*
- YP Technical Seminar?

#### **July 2017**

No activities planned.

#### August 2017

- 8/3, 10 am, Board Meeting Conference Call
- Program Committee prepares program for the Fall Conference

#### September 2017

- 9/6 9/7, 19th Annual Joint Fall Conference, Hilton Harrisburg, Harrisburg
- 9/7, Chapter Annual Business Meeting and Election immediately following Fall Conference
- 9/15, deadline to submit articles for fall edition of *The Keystone*
- Chapter Fiscal Year Ends

**Mr. Engel** has offered to host the May 4<sup>th</sup> Board of Directors Meeting at Wayne Township Landfill. The Chapter calendar will be updated with this change.

#### **OLD BUSINESS**

#### **CEU Scanning**

**Mr. Horne** has been investigating options for CEUs scanning at Chapter events. He described the benefits to the members when using a scanning system, including properly crediting members for CEUs earned and easily transferring CEU's to SWANA International. A quote from the company **Mr. Horne** recommends was attached and hereto made part of the minutes. A discussion followed. **Mr. Horne** will follow up on the questions brought up by the Board and report back.

#### **NEW BUSINESS**

leeting Minutes January 5, 2017 Page 5

**Mr. Raudenbush** inquired about any involvement the Chapter will have at Wastecon in Baltimore in September 2017. **Mr. Watts** has offered the Chapter's assistance and will inform the Board of any requests by SWANA.

#### **NEXT MEETING**

The next regularly scheduled meeting of the Keystone Chapter Board of Directors will be a conference call on February 2, 2017 at 10 am.

#### **ADJOURN**

There being no further business to come before the Board, **Mr. Sweeney** made a motion to adjourn at 11:15 am. **Ms. Nestor** seconded.

Respectfully Submitted,

Chanda Martino

### **MEMORANDUM**

**TO:** SWANA Board of Directors 4-Jan-17

#### SUBJECT: Treasurers Report

- 1. Bank Reconciliation; November 16 & December 16
- 2. Transaction List from 3 Nov 16 thru 4 Jan 17 (Please approve)
- 3. Vendor Balance Summary
  - a. Please approve payment of Secretariat invoice of \$1,825.62 (See Attached)
- 4. Annual Report to SWANA
- 5. Tax Return (For information)
- 6. Financial Statement

#### **RECOMMENDATION:**

- 1. Motion to approve the Treasurer's Report
- 2. Motion to approve the Transaction List
- 3. Motion to approve payment of Secretariat Invoice

LAWRENCE D. TAYLOR P.E. EXECUTIVE DIRECTOR

Treasurer Rpt 5 Jan 17.docx 1/4/2017 4:10 PM

10:10 AM 12/07/16

# PA Keystone Chapter of Solid Waste Association of N.America Reconciliation Summary 1001 PNC Bank - Operating, Period Ending 11/30/2016

	Nov 30, 16			
Beginning Balance Cleared Transactions		112,658.94		
Checks and Payments - 6 items	-20,634.81			
Deposits and Credits - 3 items	1,616.00			
Total Cleared Transactions	-19,018.	81		
Cleared Balance		93,640.13		
Register Balance as of 11/30/2016		93,640.13		
Ending Balance		93,640.13		

10:10 AM 12/07/16

### PA Keystone Chapter of Solid Waste Association of N.America **Reconciliation Detail**

1001 PNC Bank - Operating, Period Ending 11/30/2016

Туре	Type Date		Name	Clr	A	
Beginning Baland	e			<u> </u>	Amount	Balance
Cleared Tran	sactions					112,658.94
Checks an	d Payments - 6	items				
Bill Pmt -Check Bill Pmt -Check Bill Pmt -Check Bill Pmt -Check Bill Pmt -Check Bill Pmt -Check	11/09/2016 11/09/2016 11/10/2016 11/24/2016 11/24/2016 11/24/2016	461 460 459 Visa Visa Visa	Chanda Martino Norther Tier Solid PA Waste Industry UberConference Constant Contact Phone.com, Inc	X X X X X	-2,131.04 -600.00 -17,558.11 -291.82 -42.40	-2,131.04 -2,731.04 -20,289.15 -20,580.97 -20,623.37
Total Check	s and Payments		The state of the s	^ _	-11.44	-20,634.81
Deposits and Credits - 3 items					-20,634.81	-20,634.81
Deposit Deposit Deposit	11/01/2016 11/07/2016 11/14/2016	s		X X X	340.00 1,261.00	340.00 1,601.00
Total Depos	its and Credits				15.00	1,616.00
Total Cleared 1	Francosti				1,616.00	1,616.00
Total Cleared Transactions Cleared Balance				<u> </u>	-19,018.81	-19,018.81
					-19,018.81	93,640.13
Register Balance as of 11/30/2016				***	-19,018.81	93,640.13
Ending Balance					-19,018.81	93,640.13

3:37 PM 01/04/17

# PA Keystone Chapter of Solid Waste Association of N.America Reconciliation Summary 1001 PNC Bank - Operating, Period Ending 12/30/2016

	Dec 30, 16			
Beginning Balance Cleared Transactions		93,640.13		
Checks and Payments - 3 items Deposits and Credits - 3 items	-1,768.38 1,651.00			
Total Cleared Transactions	-117.38			
Cleared Balance		93,522.75		
Register Balance as of 12/30/2016 Ending Balance		93,522.75 93,522.75		

3:37 PM 01/04/17

### PA Keystone Chapter of Solid Waste Association of N.America **Reconciliation Detail**

1001 PNC Bank - Operating, Period Ending 12/30/2016

Type Date		Num	Name	Clr	Amount	Balance
Beginning Balan						93,640.13
Cleared Tra	nsactions					00,040.10
Checks a	nd Payments - 3	items				
Bill Pmt -Check	11/24/2016	462	Chanda Martino	Х	-1,714.38	-1,714.38
Bill Pmt -Check	12/01/2016	ACH	Constant Contact	X	-42.40	-1,756.78
Bill Pmt -Check	12/01/2016	ACH	Phone.com, Inc	X	-11.60	-1,768.38
Total Che	cks and Payments	;			-1,768.38	-1,768.38
Deposits	and Credits - 3 it	ems				•
Deposit	12/01/2016			Х	661.00	661,00
Deposit	12/05/2016			X	375.00	1,036.00
Deposit	12/05/2016			X	615.00	1,651.00
Total Depo	sits and Credits			_	1,651.00	1,651.00
Total Cleared	Transactions				-117.38	-117.38
Cleared Balance						
Cleared Balance					-117.38	93,522.75
Register Balance as of 12/30/2016					-117.38	93,522.75
Ending Balance					-117.38	93,522,75

4:03 PM 01/04/17 **Accrual Basis** 

## PA Keystone Chapter of Solid Waste Association of N.America Transactions by Account 3 Nov 16 thru 4 Jan 17

Type	Date	Num	Name	Memo	Amount
1001 PNC Bank - Ope	erating				
Bill Pmt -Check	11/09/2016	<b>4</b> 61	Chanda Martino		-2,131.04
Bill Pmt -Check	11/09/2016	460	Norther Tier Solid Wast	Drone MiniTech	-600.00
Bill Pmt -Check	11/10/2016	459	PA Waste Industry Assoc.		-17,558.11
Bill Pmt -Check	11/24/2016	Visa	Constant Contact		-42.40
Bill Pmt -Check	11/24/2016	Visa	Phone.com, Inc		-11.44
Bill Pmt -Check	11/24/2016	Visa	UberConference	Annual Payment	-291.82
Bill Pmt -Check	11/24/2016	462	Chanda Martino	•	-1,714.38
Bill Pmt -Check	12/01/2016	ACH	Constant Contact		-42.40
Bill Pmt -Check	12/01/2016	ACH	Phone.com, Inc		-11.60
Total 1001 PNC Bank	- Operating			•	-22,403.19
TAL					-22,403.19

3:55 PM 01/04/17

## PA Keystone Chapter of Solid Waste Association of N.America **Vendor Balance Summary**

**All Transactions** 

	Jan 3, 17
Chanda Martino Michaels	1,803.39 22.23
TOTAL	1,825.62

#### **Chanda Martino**

5 Heart Lane Lebanon, PA 17046 717.507.7462

### **SECRETARIAT INVOICE**

DATE: 1/3/2017

TO: SWANA Keystone Chapter

1610 Russell Road Lebanon, Pa 17046

DESCRIPTION	HOURS/MILES	RATE	AMOUNT
Secretariat Hours December 1, 2016 – December 30, 2016	53.75	30.00	1,710.00
Mileage	7.2	.54	3.89
Phone (December)		60.00	60.00
Internet (December)		30.00	30.00
		TOTAL	1,803.89

EXPENSES DESCRIPTION	AMOUNT
TOTAL	

**TOTAL DUE:** 

\$1,803.39

			Keystone Chapter of SWANA					
		Secr	etariat Time Sheet - December 1, 2016 - December 31, 2016					
Date	Time	Mileage		General	Fall Cont	Roadeo	MiniTech	
1-Dec	3.5		Website, Safety Summit venue arrangements	3			0.5	3.5
2-Dec	5.25		Check processing, email, EOM reports, meeting with Bryan, Safety Slides posted, SS ac	4.25			1	5.25
5-Dec	6.5		email, safety slides, letterhead design, send endorsement letter, new website	6.5				6.5
6-Dec	1.5		email	1.5				1.5
7-Dec	4.5		new website, email, meet with Larry, credit card merchant research	4.5				4.5
8-Dec	4.25		CEU scanning research, email, credit card merch, new website	4.25				4.25
9-Dec	4.5		new website, email	4.5				4.5
12-Dec	1.5		new website	1.5				1.5
13-Dec	4.25		backups, new website, email	4.25				4.25
14-Dec	2.5		Safety Summit web update, new website	2			0.5	2.5
15-Dec	3.5		Submit Safety Summit to SWANA, CEU request, new website	2.75			0.75	3.5
19-Dec	4.75		credit card merch, new website, annual prog report	4.75				4.75
20-Dec	3.5		new website, sign minutes, make website changes from officers	3.5				3.5
20-Dec		7.2	GLRA - mail, sign minutes					0
21-Dec	1		new website	1				1
30-Dec	6		scan & send Rep letter, call to Wild Apricot cust sup, BOD meeting prep, EOM reports	6				6
								0
								0
								0
								0
								0
				54.25	0	0	2.75	57
				1,627.50	0.00	0.00	82.50	\$1,710.0
Total Time	57							
otal Miles		7.2					MILEAGE	\$3.8

PHONE \$60.00 INTERNET \$30.00 TOTAL \$1,803.89

### **2016 CHAPTER BALANCE SHEET AND FINANCIAL STATEMENT**

RETURN TO: Estela Martinez, SWANA, 1100 Wayne Avenue

Suite 650, Silver Spring, MD 20910 EMAIL: emartinez@swana.org NO LATER THAN January 15, 2017

CHAPTER:		<u> </u>	Pennsylvania Keystone Chapt	er
DATE:	25	5-Nov-16	REPORT PREPARED BY:	Lawrence D. Taylor
FEDERAL EMPLO	YER ID#:	25 1595064	STATE SALES	TAX EXEMPTION #
ı	NOTE: Accour	nting on Accrual Basis		BALANCE SHEET
ASSETS:				
CASH				\$0.00
CHECKING				\$141,433.65
SAVINGS				\$0.00
CD'S				\$0.00
INVESTMENTS				\$0.00
ACCOUNTS REC	CEIVABLE (	monies owed to the	e Chapter)	\$1,480.00
NET PROPERTY	& EQUIPN	<b>MENT</b>		\$0.00
OTHER				\$0.00
TOTAL ASSETS	=			\$142,913.65 *
LIABILITIES:				
ACCOUNTS PAY	ABLE <i>(mo</i>	nies the Chapter ov	ves)	\$49,683.53
LOANS PAYABL	-	•	•	\$0.00
DEFERRED REV	ENUE			\$0.00
(monies collect	ted for futu	are events which ho	ave not yet occurred)	<u> </u>
OTHER			,	
TOTAL LIABILIT	TES=			\$49,683.53
NET ASSETS:				
	vious vear	ending balance)		\$94,551.09
YTD REVENUE/	-	2		(\$1,320.97)
-	•	Income Statement)		(+-,0-0.0.7
TOTAL NET ASS	-	\$93,230.12		
				·
TOTAL LIABILIT	IES AND I	NET ASSETS		\$142,913.65 *

\*These amounts should match

### **2016 INCOME STATEMENT**

Chapter's Fiscal Year From:	1 October 2015 TO 31 September 2016
REVENUE:	
DUES	\$13,570.20
TECHNICAL SEMINARS/MEETINGS	\$92,668.04
INTEREST INCOME	\$0.00
OTHER (Please provide separate shee	
TOTAL REVENUE =	\$106,238.24
EXPENSES:	
SALARIES	\$0.00
CONTRACTORS	\$15,855.00
ACCOUNTING	\$705.00
SUPPLIES	\$1,236.54
INSURANCE	\$1,210.30
POSTAGE	\$19.60
PRINTING	
INERNET	\$357.41
TELEPHONE	\$1,280.48
TRAVEL	\$32.32
LEGAL - General	
LOBBYING**	
TECHNICAL MEETINGS/SEMINARS	\$76,935.21
BOARD MEETINGS	\$0.00
Other (Membership & Dues)	\$319.40
Other (Reimburseable Expenses)	\$1,957.95
Other (Advertising)	\$500.00
OTHER (Awards & Grants)	\$7,150.00
TOTAL EXPENSES =	\$107,559.21
NET REVENUE/(LOSS) =	(\$1,320.97)
(Revenue-Expenses=Net Revenue/(Los	5))

# Garcia Garman & Shea, PC Certified Public Accountants and Consultants

PENNSYLVANIA KEYSTONE CHAPTER OF THE SOLID WASTE ASSOC OF NORTH AMER 1610 RUSSELL ROAD LEBANON, PA 17046

> CLIENT COPY Year Ended 9/30/16

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### Garcia Garman & Shea, PC

Certified Public Accountants and Consultants

December 19, 2016

#### **ENGAGEMENT LETTER (Page 1 of 2)**

PENNSYLVANIA KEYSTONE CHAPTER OF THE SOLID WASTE ASSOC OF NORTH AMER 1610 RUSSELL ROAD LEBANON, PA 17046

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2015 federal and state exempt organization tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions, especially items related to business travel and entertainment, business use of autos or other assets, barter activities, and the required documents to support all charitable contributions. Taxing authorities may examine the returns and penalties may be imposed on returns that are late, underpaid, or incorrect. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. We are not responsible for any tax, interest or penalties related to understatement of your tax liability, and we hold the taxpayer responsible for preparer penalties caused by taxpayer misrepresentations.

We will use our judgment to resolve questions in your favor where a tax law is unclear or if there is a reasonable justification for doing so. Should we encounter instances of unclear tax law, or of potential conflicts in interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. If the IRS, or other taxing authority, should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such assessments.

**Lebanon office:** 216 South Eighth Street, Lebanon, PA 17042 \ ph 717-274-5600 \ fx 717-228-3353 **Lancaster office:** 1755 Oregon Pike, Suite 203, Lancaster, PA 17601 \ ph 717-393-6434 \ fx 717-435-

#### **ENGAGEMENT LETTER (Page 2 of 2)**

December 19, 2016

Very truly yours

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

Our engagement to prepare your 2015 tax returns will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, cancelled checks, etc., as these items may later be needed to prove the accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement according to our record retention policy, which is available upon request and at our website at www.g2scpa.com.

If this firm does not receive from you the original of this letter, in fully executed form, but does receive from you a completed copy of a Client Organizer and/or supporting documentation requested herein, and/or a completed Client Questionnaire, then a copy of this letter will be included with your completed tax return and your signature on the returns for filing purposes will be deemed to evidence your acceptance of all the terms set forth above. Under IRS Circular 230, without your written or verbal consent, we are not able to prepare any 2015 tax returns for you, including, but not limited to, a request for extension.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. If there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

, only transport years,	
Garcia Garman & Shea, PC	
Accepted By:	Date:

### Garcia Garman & Shea, PC

**Certified Public Accountants and Consultants** 

December 19, 2016

#### **CONFIDENTIAL**

PENNSYLVANIA KEYSTONE CHAPTER OF THE SOLID WASTE ASSOC OF NORTH AMER 1610 RUSSELL ROAD LEBANON, PA 17046

You have engaged us and we have prepared the enclosed 9/30/16 returns from information provided by you without verification or audit. Examine these returns <u>carefully</u> to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements..

By signing and filing the enclosed tax returns or authorizing electronic submission on your behalf, you acknowledge that you have all the required documentation necessary to claim the income and deductions reported. We are not responsible for your submission of incomplete information. We are not responsible for interest or penalties charged by any taxing authority. We hold the taxpayer responsible for any preparer penalties caused by taxpayer misrepresentations, omissions, and adjustments made by taxing agencies to your return. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years. We are <u>not</u> responsible for maintaining copies of your supporting documents.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

An invoice for our services is either enclosed or will be submitted to you shortly. Tax projections, tax planning services, tax consultations, assistance to resolve tax notices, and all other services will be billed to you separately.

If you have any questions, or if we can be of assistance in any way, please do not hesitatte to call.

Sincerely,

Garcia Garman & Shea, PC

**Lebanon office:** 216 South Eighth Street, Lebanon, PA 17042 \ ph 717-274-5600 \ fx 717-228-3353 **Lancaster office:** 1755 Oregon Pike, Suite 203, Lancaster, PA 17601 \ ph 717-393-6434 \ fx 717-435-

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### Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning

10/01/15 , and ending 09/30/16

PENN	ISYLVAN	IIA KE	YSTONE	СНА	APTER (	ΟF
THE	SOLID	WASTE	ASSOC	OF	NORTH	AMER

25-1595064

Not Appet / Eurod Palance at Pagin	uning of Voca			144 693
Net Asset / Fund Balance at Begin	ining of Year			144,693
Revenue				
Contributions	<del></del>			
Program service revenue		<u>112,139</u>		
Investment income	<u></u>			
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income	· · · · · · · · · · · · · · · · · · ·			
Other income				
Total revenue	No.		112,139	
Expenses		***************************************		
Program services				
Management and general	world/according to the control of th			
Fundraising				
Total expenses			115,398	
Excess / (deficit)		-		-3 <b>,</b> 259
Excess / (denot)				<u> </u>
Changes				-
				1 4 1 4 2 4
Net Asset / Fund B	alance at End of Year			<u>141,434</u>
Reconciliation of F	Revenue		Reconciliation o	f Expenses
				f Expenses nts
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Form 8822-B

Department of the Treasury

Change of Address or Responsible Party — Business

Please type or print.

► See instructions on back. ► Do not attach this form to your return.

Information about Form 8822-B is available at www.irs.gov/form8822b.

OMB No. 1545-1163

Internal Revenue Service Before you begin: If you are also changing your home address, use Form 8822 to report that change. If you are a tax-exempt organization (see instructions), check here Check all boxes this change affects: 1 X Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.) Employee plan returns (Forms 5500, 5500-EZ, etc.) Business location Business name 4b Employer identification number PENNSYLVANIA KEYSTONE CHAPTER OF 25-1595064 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. 123 WYNEBERRY AVENUE PA 17522 EPHRATA Foreign country name Foreign province/county Foreign postal code New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces 1610 RUSSELL ROAD PA 17046 LEBANON Foreign country name Foreign province/county Foreign postal code New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions. 1610 RUSSELL ROAD LEBANON PA 17042-0286 Foreign country name Foreign province/county Foreign postal code 8 New responsible party's name 9 New responsible party's SSN, ITIN, or EIN 10 Signature Daytime telephone number of person to contact (optional) Sign Signature of owner, officer, or representative Date Here

TREASURER

8879-FC

IRS e-file Signature Authorization for an Exempt Organization

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For calendar year 2015, or fiscal year beginning 10/01, 2015, and ending 9/30, 20 16 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization PENNSYLVANIA KEYSTONE CHAPTER OF Employer identification number THE SOLID WASTE ASSOC OF NORTH AMER 25-1595064 Name and title of officer LAWRENCE TAYLOR, P.E. TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here 
Total revenue, if any (Form 990, Part VIII, column (A), line 12)

1b \_b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5)
4b 4a Form 990-PF check here ▶ 5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only GARCIA GARMAN & SHEA, I authorize \_ as my signature ERO firm name Enter five numbers, but on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 3683561061

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

WILLIAM D. OYSTER

**ERO Must Retain This Form—See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Internal Revenue Service For the 2015 calendar year, or tax year beginning 10/01/15, and ending Check if applicable: C Name of organization D Employer identification number Address change PENNSYLVANIA KEYSTONE CHAPTER OF Name change 25-1595064 THE SOLID WASTE ASSOC OF NORTH AMER Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Final return/terminated 1610 RUSSELL ROAD 570-643-6100 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending LEBANON Number > X Cash Accrual Other (specify) ▶ H Check ► X if the organization is **not** Accounting Method: Website: ▶ WWW.KEYSTONESWANA.ORG required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) **∮** (insert no.) 4947(a)(1) or 527 Trust Association Form of organization: X Corporation Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c С Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c 7с Other revenue (describe in Schedule O) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 \_\_\_\_\_ 9 9 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 31,978 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 144,693 Other changes in net assets or fund balances (explain in Schedule O) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

Form 990-EZ (2015)

P	Part II Balance Sheets (see the instructions for Pa	,					
	Check if the organization used Schedule O to	respond to any c			nning of year	<u> </u>	(D) End of year
22	Cook sovings and investments				144,693	22	(B) End of year 141,434
22	Cash, savings, and investments  Land and buildings				0	23	<u> </u>
23	Other assets (describe in Schedule O)				0	24	
25					144,693		141,434
	Total liabilities (describe in Schedule O)				0	26	
27	Net assets or fund balances (line 27 of column (B) must agree	e with line 21)			144,693	27	141,434
	Part III Statement of Program Service Accomp				rt III)		
	Check if the organization used Schedule O to	•			, <u>X</u>		Expenses
Wha	nat is the organization's primary exempt purpose?					(Re	equired for section
А	ADVANCING PRACTICE OF ENVIRONMENTALLY SOLID WASTE	MGT IN PA				501	(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for ea	ch of its three large	st program services	5,		org	anizations; optional for
as r	measured by expenses. In a clear and concise manner, describe	the services provide	ed, the number of			oth	ers.)
pers	sons benefited, and other relevant information for each program t	itle.					***************************************
28	PROGRAMS TO DISSEMINATE INFORMATION TO THE PUB	BLIC BY EDUCATI	ON AND ADVOCAC	Υ			
							00 450
	(Grants \$ 6,650) If this amount includes for	oreign grants, checl	k here		<b>&gt;</b>	28a	99,158
29							
						29a	
	(Grants \$ ) If this amount includes for		Cilere				
		oreign grants, checl			• • • • • • • • • • • • • • • • • • • •	1	
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31 32 P B B V V S: S: S- T T T T D J J	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Enter Check if the organization used Schedule O to response (a) Name and title  BOB ZORBAUGH PRESIDENT BRYAN WEHLER VICE PRESIDENT SEAN SWEENEY SECRETARY LAWRENCE TAYLOR, P.E. TREASURER TIMOTHY T. HARTMAN PAST PRESIDENT SCOTT MCGRATH DIRECTOR JENNIFER CRISTOFOLETTI DIRECTOR SCOTT SAMPLE DIRECTOR	oreign grants, check oreign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction efits, imployee and insation  (() (() (() (() (() (() (() (() (() (	(e) Estimated amount of other compensation
31 32 P B B C C S S S S D D D M	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Encheck if the organization used Schedule O to respond (a) Name and title  BOB ZORBAUGH PRESIDENT BRYAN WEHLER VICE PRESIDENT BEAN SWEENEY SECRETARY LAWRENCE TAYLOR, P.E. PREASURER FIMOTHY T. HARTMAN PAST PRESIDENT SCOTT MCGRATH DIRECTOR JENNIFER CRISTOFOLETTI DIRECTOR SCOTT SAMPLE DIRECTOR MIKE ENGEL	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction efits, mployee and insation (() (() (() (() (() (() (() (() (() ((	(e) Estimated amount of other compensation  CO
31 32 P B B B C V S S S I I T T T T D D D D D D	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Enter Check if the organization used Schedule O to response (a) Name and title  BOB ZORBAUGH PRESIDENT  BRYAN WEHLER VICE PRESIDENT  BEAN SWEENEY  BECRETARY LAWRENCE TAYLOR, P.E.  FREASURER FIMOTHY T. HARTMAN  PAST PRESIDENT  BOOTT MCGRATH  DIRECTOR  JENNIFER CRISTOFOLETTI  DIRECTOR  BOOTT SAMPLE  DIRECTOR  MIKE ENGEL  DIRECTOR	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction efits, mployee and insation (() (() (() (() (() (() (() (() (() ((	(e) Estimated amount of other compensation  Company of the compensation of the compens
31 32 P B:: V S:: S:: D:: D:: D:: M:: M::	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Engant IV Check if the organization used Schedule O to response (a) Name and title  BOB ZORBAUGH PRESIDENT BRYAN WEHLER VICE PRESIDENT BRYAN WEHLER VICE PRESIDENT BEAN SWEENEY BECRETARY LAWRENCE TAYLOR, P.E. FREASURER FIMOTHY T. HARTMAN PAST PRESIDENT BOOTT MCGRATH DIRECTOR JENNIFER CRISTOFOLETTI DIRECTOR BOOTT SAMPLE DIRECTOR MIKE ENGEL DIRECTOR MARK PEDERSEN	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction	(e) Estimated amount of other compensation  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
31 32 P B: V S: S: D T: T: P D: S: D M: D M: D	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Encheck if the organization used Schedule O to response (a) Name and title  BOB ZORBAUGH PRESIDENT BRYAN WEHLER VICE PRESIDENT SEAN SWEENEY SECRETARY LAWRENCE TAYLOR, P.E. TREASURER TIMOTHY T. HARTMAN PAST PRESIDENT SCOTT MCGRATH DIRECTOR JENNIFER CRISTOFOLETTI DIRECTOR BOCOTT SAMPLE DIRECTOR MIKE ENGEL DIRECTOR MARK PEDERSEN DIRECTOR	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction	(e) Estimated amount of other compensation  CO  CO  CO  CO  CO  CO  CO  CO  CO  C
31 32 P B B V S S S I T T T D M M D M	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Encheck if the organization used Schedule O to respond to the or	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction	(e) Estimated amount of other compensation  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
31 32 P B B V V S: S: S D D M: D D D C	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Encheck if the organization used Schedule O to response (a) Name and title  BOB ZORBAUGH PRESIDENT BRYAN WEHLER VICE PRESIDENT SEAN SWEENEY SECRETARY LAWRENCE TAYLOR, P.E. TREASURER TIMOTHY T. HARTMAN PAST PRESIDENT SCOTT MCGRATH DIRECTOR JENNIFER CRISTOFOLETTI DIRECTOR BOCOTT SAMPLE DIRECTOR MIKE ENGEL DIRECTOR MARK PEDERSEN DIRECTOR	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction	(e) Estimated amount of other compensation  O  O  O  O  O  O  O  O  O  O  O  O  O
31 32 P B B B C C S S S S D D M D D D D D D D D	(Grants \$ ) If this amount includes for Other program services (describe in Schedule O) (Grants \$ ) If this amount includes for Other program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Encheck if the organization used Schedule O to respond (a) Name and title  BOB ZORBAUGH PRESIDENT BRYAN WEHLER VICE PRESIDENT SEAN SWEENEY SECRETARY LAWRENCE TAYLOR, P.E. FIREASURER FINOTHY T. HARTMAN PAST PRESIDENT SCOTT MCGRATH DIRECTOR JENNIFER CRISTOFOLETTI DIRECTOR MIKE ENGEL DIRECTOR MARK PEDERSEN DIRECTOR CHARLES RAUDENBUSH, JR. DIRECTOR CHARLES RAUDENBUSH, JR.	preign grants, check preign gr	c here  c here  one even if not con n this Part IV  (c) Reportable compensation (Forms W-2/1099-M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted — see the in  (d) Heath ben contributions to e benefit plans,	31a 32 Instruction efits, imployee and insation  (() (() (() (() (() (() (() (() (() (	(e) Estimated amount of other compensation  (a) Compensation  (b) Compensation  (c) Compensation  (d) Compensation  (e)

Form 990-EZ (2015)

Part II	Balance Sheets (see the instructions for F Check if the organization used Schedule O to	•	augation in this Dort II			PARTICIPATE .
<del>*************************************</del>	Check if the organization used Schedule O	o respond to any		ginning of year	······	(B) End of year
22 Cash say	ings, and investments			0	22	(B) End of year
23 Land and	L			0	-	
	ets (describe in Schedule O)			0	<del>                                     </del>	
25 Total ass				0		(
	ilities (describe in Schedule O)			0		
27 Net asset	s or fund balances (line 27 of column (B) must agre	ee with line 21)		0		
Part III	Statement of Program Service Accommoderation Check if the organization used Schedule O to	n <b>plishments</b> (se	e the instructions for F			Expenses
	ganization's primary exempt purpose?	ach of its three large	est program services.		501	quired for section (c)(3) and 501(c)(4) anizations; optional for
as measured l	by expenses. In a clear and concise manner, describe ited, and other relevant information for each program	the services provid			_	ers.)
28						
			,,	and the second	20-	
(Grants \$	) If this amount includes				28a	
(Grants \$	) If this amount includes				29a	
30						
(Grants \$	) If this amount includes				30a	
	ram services (describe in Schedule O)				Jua	
(Grants \$	) If this amount includes				31a	
*******************	gram service expenses (add lines 28a through 31a)				32	( D
Part IV	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	<b>mployees</b> (list each and to any question	i one even it not compens in this Part IV	sated — see the I	nstructio	ons for Part IV) —
,	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heath ben contributions to e benefit plans, deferred compe	mployee and	(e) Estimated amount of other compensation
	NESTOR	10.00	0		C	
DIRECTO ROBERT		10.00	0		C	0
DIRECTO		10.00	0		С	)
TESSA A						
DIRECTO		10.00	0		С	0
				·		
*****					····	
						1.

Pi	Other Information (Note the Schedule A and personal benefit contract statemen instructions for Part V) Check if the organization used Schedule O to respond to an	t requirements in the y question in this Part V			and or commercial
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	а			1 1/2
34	detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform		33		X
J- <del>1</del>	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O (see instructions)		34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ess			1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation i	n Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) or 501(c)(6) organization subject to section 6033(e) or 501(c)(6) organization subject to section 6033(e) organization 6033(e) or	notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
<b>3</b> 7a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	39a			
<b>40</b> a	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	390			
<b>40</b> a	section 4911 \(\rightarrow\) ; section 4912 \(\rightarrow\) ; section 4955	_			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49		-		
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		0000000000	1000-00-00-00	\$0000000
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	40c reimbursed by the organization	<b>•</b>	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed NONE		17 00	<del></del>	700
42a	The organization's books are in care of ► LAWRENCE D. TAYLOR, P.E.	Telephone no. ► 7.	17-86	//5	) / 90
	1610 RUSSEL ROAD  Located at ► LEBANON P.	A ZIP+4▶ 1.	7046		
b	LEBANON P.  At any time during the calendar year, did the organization have an interest in or a signature or other author		7040	Vac	TNa
D	a financial account in a foreign country (such as a bank account, securities account, or other financial acc	•	42b	Yes	No  X
	If "Yes," enter the name of the foreign country:	ounty:	420		1 2
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank	and	-		
	Financial Accounts (FBAR).				
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?		42c		X
	If "Yes," enter the name of the foreign country: ▶		_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here				<b>&gt;</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			<del></del>
			000000000	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				1,,
	completed instead of Form 990-EZ		44a	200000000000000000000000000000000000000	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				17
	completed instead of Form 990-EZ			<del> </del>	X
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		44c		X
u	explanation in Schedule O		44d	[	T
45a	Did the organization have a controlled entity within the meaning of section 512(h)/13/2		450		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within		.   734		1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ (see instructions)		45b		X

Form	990-EZ	(2015)
Otto	330-LZ	(2010)

PENNSYLVANIA KEYSTONE CHAPTER OF 25-1595064

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Dage	

46	Did the	e organization engage, directly or indirectly, in political o	campaign activities o	n behalf of or in opposition	on		`	es/	No
000°°°000		didates for public office? If "Yes," complete Schedule C	, Part I	· · · · · · · · · · · · · · · · · · ·		<u> </u>	46		Χ
на	n VI	Section 501(c)(3) organizations only All section 501(c)(3) organizations must anso 50 and 51. Check if the organization used Schedule O to							·
<del></del>	Did the	e organization engage in lobbying activities or have a se						es	No
<del>-1</del> /		if "Yes," complete Schedule C, Part II	ection 50 I(II) election	_			47		Χ
48	Is the o	organization a school as described in section 170(b)(1)	(A)(ii)? If "Yes," com	plete Schedule E		L	48		Χ
49a b	Did the	e organization make any transfers to an exempt non-ch ," was the related organization a section 527 organizati	aritable related orga	nization?		}	49a 49b		_X_
50		ete this table for the organization's five highest comper			rs, trustees and key	L	430		
	employ	yees) who each received more than \$100,000 of comp	ensation from the org	ganization. If there is non-	e, enter "None."				
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		timated er compe		
NC	NE								
f		umber of other employees paid over \$100,000		<b>&gt;</b>					
51		ete this table for the organization's five highest compen 00 of compensation from the organization. If there is no		contractors who each reco	eived more than				
		(a) Name and business address of each independent con-	tractor	<b>(b)</b> Typ	e of service	(c) C	ompens	ation	
NOI	NE								
d	Total n	umber of other independent contractors each receiving	over \$100,000	<b>&gt;</b>					
		organization complete Schedule A? <b>Note:</b> All section ted Schedule A	, .		<b>&gt;</b>	X	Yes	N	lo
		s of perjury, I declare that I have examined this return, including domplete. Declaration of preparer (other than officer) is based				nd belie	f, it is		
Sign		Signature of officer		Da	to				
-lere		LAWRENCE TAYLOR, P.E.	***************************************	TREASURE					
		Type or print name and title  Print/Type preparer's name  Pre	eparer's signature		Date		PTIN		
Paid			LLIAM D. OYSTER		12/19/16 Check   self-emp	if ployed	P0101	1051	
Prep			HEA, PC	·	Firm's EIN		-287		) 4
Jse (	Only	Firm's address > 216 SOUTH EIGHTH LEBANON, PA 1704	STREET	, ,	Phone no. 71		274-		
May t	he IRS	discuss this return with the preparer shown above? Se			Trionello. / 1		Yes		No
						Forn	990-	F7	2015)

**SCHEDULE A** (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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PENNSYLVANIA KEYSTONE CHAPTER OF

Employer identification number

			THE SOLID WA	STE ASSOC OF NOR	RTH A	MER	25-159	5064
P	art l	Reas	on for Public Charity	Status (All organizations i	must co	mplete t	his part.) See instruction	S.
Γhe	orgar	nization is not	a private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box.)		
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	\)(i).	
2		A school des	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E (Form	990 or 990	0-EZ).)		
3		A hospital or	a cooperative hospital service	e organization described in <b>s</b> e <b>cti</b>	on 170(b)	(1)(A)(iii).		
4		A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	<b>70(b)(1)(A)(iii).</b> Enter the hosp	ital's name,
		city, and state	e:					
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmental unit described in	
		section 170(	(b)(1)(A)(iv). (Complete Part I	l.)				
6		A federal, sta	ite, or local government or go	vernmental unit described in sec	tion 170(	b)(1)(A)(v	).	
7	X	An organizati	on that normally receives a su	ubstantial part of its support from	a govern	mental uni	t or from the general public	
	_	described in	section 170(b)(1)(A)(vi). (Co	mplete Part II.)				
8		A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	.)			
9		An organizati	on that normally receives: (1)	more than 33 1/3% of its support	t from cor	ntributions,	membership fees, and gross	
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions,	and (2) no	more than 33 1/3% of its	
		support from	gross investment income and	I unrelated business taxable inco	me (less	section 51	1 tax) from businesses	
		acquired by tl	he organization after June 30,	1975. See section 509(a)(2).	Complete	Part III.)		
10		An organizati	on organized and operated ex	clusively to test for public safety	. See <b>sec</b>	tion 509(a	n)(4).	
11		An organizati	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions o	of, or to carry out the purposes	of
		one or more	publicly supported organizatio	ns described in section 509(a)(	1) or sect	ion 509(a	(2). See section 509(a)(3). C	heck
		the box in line	es 11a through 11d that descr	ibes the type of supporting organ	nization ar	nd complet	e lines 11e, 11f, and 11g.	
а		Type I. A sup	porting organization operated	l, supervised, or controlled by its	supporte	d organiza	tion(s), typically by giving	
		the supported	d organization(s) the power to	regularly appoint or elect a major	rity of the	directors	or trustees of the supporting	
		organization.	You must complete Part IV	, Sections A and B.				
b		Type II. A su	pporting organization supervis	sed or controlled in connection w	ith its sup	ported org	anization(s), by having	
		control or ma	nagement of the supporting of	rganization vested in the same p	ersons th	at control	or manage the supported	
	_	organization(	s). You must complete Part	IV, Sections A and C.				
¢		Type III func	tionally integrated. A suppo	rting organization operated in co	nnection v	with, and fu	unctionally integrated with,	
	process.	its supported	organization(s) (see instruction	ons). You must complete Part	IV, Section	ons A, D, a	ind E.	
d		Type III non-	-functionally integrated. A s	upporting organization operated	in connec	tion with it	s supported organization(s)	
		that is not fun	nctionally integrated. The orga	nization generally must satisfy a	distribution	n requiren	nent and an attentiveness	
	,	requirement (	(see instructions). You must	complete Part IV, Sections A a	and D, an	d Part V.		
е		Check this bo	ox if the organization received	a written determination from the	IRS that	it is a Type	l, Type II, Type III	
				tionally integrated supporting org	ganization			·
f			of supported organizations	,.,.,.,				
g			ving information about the sup	ported organization(s).	T			I
		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of
	Org	gai lization		above (see instructions))		ment?	instructions)	other support (see instructions)
								,
					Yes	No		
A)						1		
		······································						
B)								
					-			
C)			-					
						-		
D)			***					
E)								
							4	
					1			1

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,080	14,502	1,300	4,200		35,082
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15,080	14,502	1,300	4,200		35,082
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)						
6	Public support. Subtract line 5 from line 4.						35,082
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	15,080	14,502	1,300	4,200		35,082
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,717	47				5,764
9	Net income from unrelated business activities, whether or not the business is regularly carried on		***************************************				F-12-0-21
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,325					15,325
11	Total support. Add lines 7 through 10			<u> </u>			56,171
12	Gross receipts from related activities, etc. (s					12	112,139
13	First five years. If the Form 990 is for the o	-	second, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	production of the state of the
	organization, check this box and stop here						<b></b>
Sec	tion C. Computation of Public Su	<u> </u>				····	
14	Public support percentage for 2015 (line 6,			f))		14	62.46 <b>%</b>
15	Public support percentage from 2014 Scheo	dule A, Part II, line 1	l4 <sub></sub>			15	59.48 <b>%</b>
1 <b>6</b> a	33 1/3% support test—2015. If the organize	zation did not check	the box on line 13	, and line 14 is 33 1	1/3% or more, chec	k this	
	box and <b>stop here.</b> The organization qualifi		-				<b>▶</b> X
b	33 1/3% support test—2014. If the organize				s 33 1/3% or more,		
	check this box and <b>stop here</b> . The organiza		,				▶ _
17a	10%-facts-and-circumstances test—201	<ol><li>If the organization</li></ol>	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac organization						<b>&gt;</b> _
b	10%-facts-and-circumstances test—201					ne	
	15 is 10% or more, and if the organization n				· ·		
					·	y 	<b>&gt;</b>
18	<b>Private foundation.</b> If the organization did instructions						<b>.</b>

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.)

Calendar year (or fiscal year beginning in)    Amounts from line 6  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Nel income from unrelated business activities in in in in it of 10, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 A Schemic III, Income The organization id not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	tion A. Public Support					,	
tes riceved. (Dr. cot incide any unusual grants 7)  Cores receipts from admissions, recribating by a service of the property of the service of the service of the property of the service of the se	Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
2 circs anciple from administrations, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization is desirable property of the organization is desirable property of the organization is desirable property of the organization is desirable and the organization is desirable and the organization is benefit and either paid to or expended on its behalf  1 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf  1 The value of services or facilities furnished by a governmental unit to the organization without charge of the organization organization without charge of the organization without charge of the organization without charge of the organization without on lines 2 and 3 received from disqualified persons a face deceded to general of the organization of the flat disqualified persons organization in the flat disqualified persons organization or their flat disqualified persons organization or their flat disqualified persons organization or their flat disqualified persons organization organi	1	fees received. (Do not include any "unusual						
unrelated tasks or business under section 513  1 Tax revenues leveled for the expanization'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 change 6  6 Total. Add lines 1 through 5  7 Amounts included on lines 1, 2, and 3 received from disqualified persons  8 Amounts included on lines 2 and 3 avoived from disqualified persons  9 Amounts included on lines 2 and 3 avoived from disqualified persons  9 Amounts included on lines 2 and 3 avoived from disqualified persons  9 Amounts included on lines 2 and 3 avoived from the thin disqualified persons to the first disqualified persons to the first disqualified persons the secret be greated of \$5,000 or 1% of the amount on line 13 for the year  9 And lines 7 and 7 for from line 6.0  9 And lines 1 for a first of the year of secret from line 6.0  9 And lines 1 form in 6  9 And lines 1 form in 6  9 Unrelated business and income form similar sources  9 Unrelated business stands line once (less section 511 taxes) from businesses accurred after June 30, 11975  C Add lines 10a and 10b  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. (Add lines 9, 10c, 11, and 12).  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here:  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).  16 Section D. Computation of Public Support Percentage  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  18 Investment lincome percentage for 2015 (line 6	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						***************************************
organization's benefit and either paid to or expended on its behalf  The value of services or foilible furnished by a governmental unit to the organization without change of the property of	3							
furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons are ceived from disqualified persons are ceived from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the through 5 received from their than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the type 7 or Add lines 7 and 7 b  8 Public support. (Subtract line 7 c from line 6)  9 Amounts from line 6  10a Gress income from interest, dividends, payments received from similar sources but from line 6 or 10 and line 10 through 10 and	4	organization's benefit and either paid						10.00
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, reints, royaltiss and income from similar sources b Unrelated business taxable income (less section 51 to lixea) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Not income from unrelated business sacivities 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 VI.)  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 3, column (f) divided by line 13, column (f))  16 Public support percentage for 2015 (line 3, column (f) divided by line 13, column (f) 17 Mostromethian 33 1/3%, support test—2014. If the organization did not check he box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1a 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1a 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	5	furnished by a governmental unit to the						
b Amounts included on lines 2 and 3 received from disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of of \$6	6	Total. Add lines 1 through 5						
received from other than cisqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Callendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 10a Gross income from interest, dividends, eayments received on securities loans, rents, royaltes and income from similar sources.  9 Amounts from line 6  10a Gross income from interest, dividends, eayments received on securities loans, rents, royaltes and income from similar sources.  9 Unrelated business Lavable income (less section 511 taxes) from businesses acquired after June 30, 1975  • Add lines 10a and 10b  11 Net income from unrelated business acquired in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment income percentage from 2014 Schedule A, Part III, line 17  15 Investment income percentage from 2014 Schedule A, Part III, line 17  16 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶  18 33 1/3% support tests—2014. If the organization did not check abox on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	7a	received from disqualified persons						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A. Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A. Part III, line 17  18 3 31/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1	b	received from other than disqualified persons that exceed the greater of \$5,000						
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total  9  Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI).  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part III, line 15  58 Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, P	С	Add lines 7a and 7b						
Calendar year (or fiscal year beginning in)    Amounts from line 6  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business eachities not included in line 10b, whether or not the business is regularly carried on 120 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investmen	8							
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Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  12 Other income. Do not included gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  18 Investment income percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  19 Investment income percentage from 2014 Schedule A, Part III, line 17  10 Investment income percentage from 2014 Schedule A, Part III, line 17  19 Investment income percentage from 2014 Schedule A, Part III, line 17  10 Investment income percentage from 2014 Schedule A, Part III, line 17  10 Investment income percentage from 2014 Schedule A, Part III, line 17  11 Investment income percentage from 2014 Schedule A, Part III, line 19  12 Investment income percentage from 2014 Schedule A, Part III, line 19  13 31/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 Investment income percentage from 2014 Schedule A, Part III, line 1	Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
payments received on securities loans, rents, royalties and income from similar sources  b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c. Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  4 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1	9	Amounts from line 6						
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 3 31/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	10a	payments received on securities loans, rents,						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	b	section 511 taxes) from businesses						
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 VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	С	Add lines 10a and 10b						
loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 a 31/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	11	activities not included in line 10b, whether						
and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2014 Schedule A, Part III, line 17  19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	12	loss from the sale of capital assets						
organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1	13							
Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14	-	•		•	` '	,	<b>&gt;</b>
16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment income percentage from 2014 Schedule A, Part III, line 17	Sec		<del></del>	age				
16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment income percentage from 2014 Schedule A, Part III, line 17	15	Public support percentage for 2015 (line 8,	column (f) divided	by line 13, column	(f))		15	%
Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2014 Schedule A, Part III, line 17  18  33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)    18   19   19   19   10   10   10   10   10   10   10   10		Public support percentage from 2014 Sche	dule A, Part III, line	15				%
Investment income percentage from 2014 Schedule A, Part III, line 17  33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  5 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					column (f))		l l	
17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								%
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a							<u> </u>
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L							P
	D							_ =
	20			-				

#### Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2015

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Voc	No
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Schod	ule A (Form 990 or 990-EZ) 2015 PENNSYLVANIA KEYSTONE CHAPTER OF	25-1595064	1		Dogo F
	tiv Supporting Organizations (continued)	20 10000	<u> </u>		Page 5
	Oupporting Organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			162	NO
	- · · · · · · · · · · · · · · · · · · ·				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		44-		
	below, the governing body of a supported organization?	F-	11a		
b	A family member of a person described in (a) above?	<u> </u>	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<u> </u>	11c		
Sect	on B. Type I Supporting Organizations				
		₩		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	·	2	produkradaganna	tiperaniana and and an
Sect	on C. Type II Supporting Organizations	L_		····	- Integration
			Т	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			163	140
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed	8			
Soot	the supported organization(s). on D. All Type III Supporting Organizations		1		
Sect	on D. All Type in Supporting Organizations	······································			
		ß		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	5	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
а		The organization satisfied the Activities Test. Complete line 2 below.
b		The organization is the parent of each of its supported organizations. Complete line 3 below.
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2	Activities	Test.	Answer	(a)	and	(b)	below.
---	------------	-------	--------	-----	-----	-----	--------

supported organizations played in this regard.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
3-		
2a 2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizatio	ns	1 490 5
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20, 1970. S	See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Section	ns A through	) E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			- NOVARIA
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		,
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated		porting organization (see	
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)	o o 1 rage 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	3 _		
2	Amounts paid to perform activity that directly furthers exempt purposes or	f supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b			111111111111111111111111111111111111111	
С	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Fo	Supplementa III, line 12; Pa B, lines 1 and 3a and 3b; Pa	I <b>I Information.</b> rt IV, Section A 2; Part IV, Sec art V, line 1; Par	Provide the ex, lines 1, 2, 3b, tion C, line 1; Ft V, Section B,	planations re 3c, 4b, 4c, 5 Part IV, Section Iine 1e; Part	sa, 6, 9a, 9b, 9c, 1 on D, lines 2 and	line 10; Part II, lir 1a, 11b, and 11d 3; Part IV, Sections 5, 6, and 8; an	95064 Page ne 17a or 17b; Part c; Part IV, Section on E, lines 1c, 2a, 2b, d Part V, Section E,
PART I	I, LINE 10	) - OTHER	INCOME DE	ETAIL			
•				\$	15,325		
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#### 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.

OMB No. 1545-0047
2015

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

PENNSYLVANIA KEYSTONE CHAPTER OF

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

THE SOLID WASTE ASSOC OF NORTH AMER			25-1595064
FORM 990-EZ, PART I, LINE 16	6 - OTHER EXP	ENSES	
DESCRIPTION	AMOUNT		
MINI TECH			
MINI TECH EXPENSES	\$	4,490	
FALL CONFERENCE			
CONFERENCE EXPENSE	\$	39,596	
PARTNER	\$	15,299	
RODEO	\$	11,862	
EXPENSES			
ADVERTISING	\$	500	
SUPPLIES	\$	1,237	
TRAVEL	\$	32	
INSURANCE	\$	1,210	
AWARDS	\$	500	
TELEPHONE	\$	1,280	
INTERNET FEES	\$	357	
SUBSCRIPTIONS AND DUES	\$	387	
	TOTAL \$	76,750	
FORM 990-EZ, PART III, LINE	31 - ALL OTH	ER ACCOMPLISH	MENT
PROGRAMS TO DISSEMINATE INFO			

Form **990T** 

# **Two Year Comparison Report**

2014 & 2015

For calendar year 2015, or tax year beginning

10/01/15

, ending 09/30/16

Name
PENNSYLVANIA KEYSTONE CHAPTER OF

Taxpayer Identification Number

	PENNSYLVANTA KEYSTONE CHAPTER OF THE SOLID WASTE ASSOC OF NORTH AMER	2			25-1595064
		.\	2014	2015	Differences
Revenue	Gross profit/loss on business activities	1.			
	2. Capital gains/losses		······································	· <del></del>	
	Income/loss from partnerships and S corporations	.)			
	4. Rental income (net of expense)	1 . 1			
	Unrelated debt-financed income (net of expense)	5.		····	
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	Exploited exempt activity income (net of expense)	8.			
	Substitute the state of expense (net of expense)      Advertising income (net of expense)	9.	905		-905
	to Other income	10.	300		
	11. Total trade or business income. Combine lines 1 through 10	11.	905		-905
	12. Compensation of officers, directors, and trustees	12.			
	La Characteria and a second	13.			
		14.			
	14. Repairs and maintenance	15.			
	15. Bad debts 16. Interest	16.			
S		17.			
S	17. Taxes and licenses	<del></del>			
9	18. Charitable contributions	18.			100000000000000000000000000000000000000
×	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.	٥٥٢		005
	24. Taxable income before NOL. Subtract line 23 from 11	24.	905		<u>-905</u>
	25. Net operating loss deduction	25.	2 000		1 000
	26. Specific deduction	26.	1,000		-1,000
	27. Unrelated business taxable income.	27.	-95	····	95
	28. Income tax (corporate or trust)	28.			
<b>:</b>	29. Proxy tax	29.			
e q	30. Alternative minimum tax	30.			
Ö	31. Total taxes	31.			
ంర	32. Other credits	32.			
×	33. General business credit	33.			
F	34. Credit for prior year minimum tax	34.			
	35. Total credits	35.			
	36. Net tax after credits	36.			
	37. Recapture taxes	37.			
	38. Total Taxes	38.			
	39. Prior year overpayment and estimated tax payments	39.		things.	
ъ	40. Payment made with extension	40.			
_	41. Backup withholding and foreign withholding	41.			
efu	<b>42</b> . Other payments	42.			
ď	43. Total payments	43.			
e /	44. Balance due/(Overpayment)	44.			
D u	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			
		4			

# PENNSYLVANIA KEYSTONE CHAPTER OF SOLID WASTE AUTHORITY OF NORTH AMERICA FINANCIAL STATEMENTS SEPTEMBER 30, 2016

# PENNSYLVANIA KEYSTONE CHAPTER OF SOLID WASTE AUTHORITY OF NORTH AMERICA FINANCIAL STATEMENTS SEPTEMBER 30, 2016

TABLE OF CONTENTS	<u>PAGE NO.</u>
Independent Accountants' Review Report	1 – 2
Statement of Assets, Liabilities and Net Assets – Cash Basis	3
Statement of Revenue, Expenses, and Changes in Net Assets - Cash Basis	4
Notes to the Financial Statements	5 – 6

Vincent M. Garcia, CPA Matthew P. Garman, CPA Angela K. Shea, CPA William D. Oyster, CPA

#### INDEPENDENT ACCOUNTANTS' REVIEW REPORT

Board of Directors Pennsylvania Keystone Chapter of Solid Waste Authority of North America Lebanon, Pennsylvania

We have reviewed the accompanying financial statements of Pennsylvania Keystone Chapter of Solid Waste Authority of North America (a nonprofit organization), which comprise the statement of assets, liabilities, and net assets – cash basis as of September 30, 2016, and the related statement of revenues, expenses, and other changes in net assets – cash basis for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

## Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with the cash basis of accounting. We believe that the results of our procedures provide a reasonable basis for our conclusion.

#### Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with the cash basis of accounting.

# PENNSYLVANIA KEYSTONE CHAPTER OF SOLID WASTE AUTHORITY OF NORTH AMERICA STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS - CASH BASIS SEPTEMBER 30, 2016

# **ASSETS**

CURRENT ASSETS
Cash and cash equivalents

NET ASSETS

NET ASSETS

NET ASSETS Unrestricted

\$ 141,434

# PENNSYLVANIA KEYSTONE CHAPTER OF SOLID WASTE AUTHORITY OF NORTH AMERICA NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2016

#### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Business Activity**

The Pennsylvania Keystone Chapter of Solid Waste Authority of North America (the Organization) was incorporated under the laws of the Commonwealth of Pennsylvania, in 1986, for the purpose of fostering communication amongst solid waste professionals and providing educational opportunities to enhance members' knowledge and expertise in the solid waste management field.

## **Basis of Accounting**

The accompanying financial statements have been prepared using the cash basis of accounting. Revenue is recorded when received rather than when earned, expenses are recorded when paid rather than when incurred.

# Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in FASB ASC 958-210-45. Under FASB ASC 958-210-45, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets; temporarily restricted net assets; and permanently restricted net assets.

## Revenue Recognition

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

All donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. There were no temporarily or permanently restricted net assets as of September 30, 2016.

# Cash and Cash Equivalents

The Organization considers all unrestricted highly liquid instruments purchased with maturity of three months or less at the time of acquisition, including all no-penalty certificates of deposit, to be cash equivalents.

#### Tax Exempt Status

The Organization is exempt from state and federal income taxes under Internal Revenue Code Section 501(c)(6). Accordingly, no provision for income taxes is made in the financial statements. The Organization's open audit periods are 2012 through 2014. The Financial Accounting Standards Board issued FASB ASC 740-10, (formerly, FASB Interpretation No. 48, Accounting for Uncertainty in Income Taxes), which prescribed a comprehensive model for how an organization should measure, recognize, present, and disclose uncertain tax positions taken on its tax return. The Organization believes that it has appropriate support for tax positions taken and, as such, does not have any uncertain tax positions that are material to the financial statements.

#### Mini-techs

#### **Future Mini-techs**

Safety Summit – March 15, 2017 @ Best Western Harrisburg – working with David Horne and John Aliveto Best Western

Agenda so far:

- David Biderman Industry Update SWANA CEO and Executive Director
- Radiation Safety and Equipment Considerations for Landfills Bonnie J. Meilner, LAURUS Systems
- Safety Management Matthew Taylor, CSP
- Spotter Training/Traffic Control at the Working Face Steve Burn, SECCRA
- Personal Landfill Gas Protection Scott Messier, SCS Engineers
- Lone Worker Safety Program John Aliveto, CSP, Montauk Energy
- Dale Glacken, OSHA, Compliance Assistance Specialist
- One more speaker TBD hauling

Mid-April 2017 – YCSWA with Solar Renewable Energy - solar power on landfills

May 18, 2017 - Geosyntec (Rohan Menon) - wastewater/leachate treatment processes/technologies – Waste Management - Grand Central Sanitary LF, Pen Argyl, PA

TBD – Wind Defender (Elliot Pugh)

#### **SWANA Training**

Survey Results: I received 10 responses out of the 80+ folks invited to take the survey. Here is the tally for number of people who would take each course:

```
3-day courses
MOLO - 5
Transfer Station - 4
Composting - 0

2-day Course
LFG - 9

1-day courses
LF Basics - 5
Waste Screening - 1
LFG Basics - 5
```

I'm guessing we'd have more people sign up for classes that didn't take the survey, with good advertising and potentially folks from other chapters.

Based on my prior financial analysis (hosting at Best Western Harrisburg, time for Chanda to be present during the training, hot breakfast and hot lunch each day), it'd make the most sense to offer either the 3-day MOLO course or the 2-day LFG course.

#### 3-day MOLO

We'd make \$740 with 5 attendees and \$3,100 with 10 attendees. At 15 attendees, profit is \$5,460.

#### 2-day LFG

We'd make \$555 with just 5 attendees. With 10 attendees, we'd make \$2,190, and at 15, we'd make \$3,825.

Three organizations indicated they'd be interesting in hosting training to save on meeting cost: East Penn Sanitation (Bethlehem), CCSWA (Narvon) and BAI Group (State College). It should be noted the hotel meeting space is free/minimal cost due to the purchase of food. Of the three locations, BAI Group is most central.

#### **Action Items:**

Do we want to host one of these training classes? If so, when and where?

# **International Director's Report January 5, 2016**

# **Recent Activity**

- SWANA Membership reached a new high on November 28, 2016 8,622.
- SWANA's Past President and Executive Director have been appointed by the US Department of Commerce to an Advisory Committee to promote US Companies selling environmental products overseas.
- Reviewed the second draft of MA-33 The Role of SWANA in Advocacy
- Reviewed draft of T-5 Discard, Storage, Collection, and Transportation of solid waste
- US EPA has reached out to SWANA on Greenhouse Gas Emissions.
- David Biderman has been invited to RCRA's 40<sup>th</sup> anniversary celebration
- SWANA's Safety Ambassador Program has been recognized by WasteDive as the safety program of the year
- Reviewed draft of MA-2 Conference and Symposia and Event Scheduling no Chapter Events the week, before, during or after WASTECON or the week of SWANAPalooza and NAWTEC – must be scheduled 18 months in advance.
- Reviewed draft of MA-21 Management and Administrative Practices Clarifying Host Chapters roles and responsibilities for WASTECON and Specialty Symposia. (New – sharing revenue for Specialty Symposium)
- SWANA has retained Spargo to help market and support events

#### **Calendar of Events:**

2017 Senior Executive Seminar - Tampa - February 19-21

2017 SWANAPalooza – Reno – March 27-30

2017 NAWTEC - Minneapolis - April 24-36

2017 International Road-E-O Florida

2018 International Road-E-O Wisconsin

# **Future WASTECONs:**

2017: Baltimore – Washington with ISWA World Congress September 26-28

2018: Nashville - August 22-26, 2018

2019: Phoenix - October, 2019

2020: Dallas - August 25-27, 2020

2021: Orlando - August 17-19, 2021

# Pennsylvania Keystone Chapter SWANA FY 2016 – 2017 Calendar

#### October 2016

- Chapter fiscal year begins
- No Board Meeting
- Friday, 10/21, 10 am, Drone Demo & Greenhouse Mini Tech, Troy, PA
- Treasurer prepares fiscal audit packets
- Distribute fall edition of The Keystone

#### November 2016

- Thursday, 11/3, 10 am Board Meeting Conference Call
- Audit Committee meeting
- Treasurer submits Chapter financial report to the accountant
- Plan to renew Secretariat Administrative Service Contract for next year

#### December 2016

- No Board Meeting
- Secretariat and Treasurer submit Chapter annual reports to SWANA
- Sign Secretariat service contract for next year

#### January 2017

- Thursday, 1/5, 10 am, Board Meeting Conference Call
- 1/15, Article Deadline for winter edition of *The Keystone*
- Accountant audits financial report and prepares 990 IRS Tax Filing

#### February 2017

- Thursday, 2/2, 10 am Board Meeting Conference Call
- Receive Scholarship applications from SWANA Headquarters
- Send Scholarship announcement to members
- Distribute winter edition of *The Keystone*

#### March 2017

- Thursday, 3/2, 10 am Board Meeting Conference Call
- 3/15, 9 am Safety Summit Best Western the Central Hotel & Conference Center
- Mail exhibitors and sponsorship announcement for 18th Annual Fall Conference

#### April 2017

• Thursday, 4/6, 10 am - Board Meeting Conference Call

## May 2017

- 5/1, Chapter Scholarship Application Deadline
- Thursday, 5/4,10 am Board Meeting hosted by Wayne Township Landfill, McElhattan, PA
- Nominating Committee presents Slate of Officers and Directors for election
- 5/15, Article deadline for summer edition of *The Keystone*
- 5/18, 10 am Landfill Leachate Treatment Mini-Tech, Pen Argyl, PA

#### June 2017

- Thursday, 6/1, 10 am Board Meeting Conference Call
- 6/1, Deadline for submittal of Grant H. Flint Scholarship recommendations to SWANA Headquarters
- Email registration announcement for 19th Fall Conference
- Review annual budget
- Distribute summer edition of *The Keystone*
- Mid-Atlantic Roadeo Maryland Date: TBD

# July 2017

No activities planned.

# August 2017

- Thursday, 8/3, 10 am Board Meeting Conference Call
- Program Committee prepares program for the Fall Conference

### September 2017

- 9/6 9/7, 19<sup>th</sup> Annual Joint Fall Conference, Hilton Harrisburg, Harrisburg
- 9/7, Chapter Annual Business Meeting and Election immediately following Fall Conference
- 9/15, deadline to submit articles for fall edition of *The Keystone*
- Chapter Fiscal Year Ends



**TO:**David Horne
Keystone SWANA
7224 Division Highway
Narvon,PA, United States
17555

Please contact your Account Manager with any questions: Nicole Austin (214) 440-1463 **QUOTE: 161291009** 

Terms:

Quote Date:
12/5/2016

Ship Via:
FedEx Ground

Customer:
Keystone SWANA

Product	Special Notes	Item #	Qty	<b>Unit Price</b>	Amount
TRACERPLUS PROFESSIONAL FOR WINDOWS MOBILE/CE		I00001187 PTS-2200	2	\$305.00	\$610.00
TRACERPLUS CONNECT 1 SEAT LICENSE		PTS-CONNECT-1	2	\$210.00	\$420.00
PTS COMPREHENSIVE SOFTWARE SUPPORT 1 YEAR		ZSX000046 PTS-SUPP-1YR	2	\$169.00	\$338.00
PORTABLE TECHNOLOGY TRACERPLUS SESSION SETUP SERV		I00001908 PTS-0100-SET	1	\$1,500.00	\$1,500.00
PORTABLE TECHNOLOGY, TRACERPLUS CONNECT,		100003924 PTS-CONN-INT	1	\$600.00	\$600.00
MC55A 802.11 A/B/G BT LASER WM 6.5 QWERTY KEY		I00002863 MC55A0-P20SWQQA7WR	2	\$1,199.00	\$2,398.00
MC55 1-SLOT CRADLE W/SPARE BATTERY CHARGING KIT		I00000437 CRD5500-100UES	2	\$160.00	\$320.00
SYMBOL USB CABLE TO HOST FOR USE W/1-SLOT CRADLE		100000349 25-68596-01R	2	\$15.00	\$30.00
MC55XX 3YR ESSENTIAL		I00003742 SSE-MC55XX-30	2	\$230.00	\$460.00
ZEBRA GK420 DT/TT/203 DPI/4 PRINT WIDTH/USB/ ETHERNET 10/100		I00000450 GK42-102210-000	1	\$506.40	\$506.40
BT2016, BARTENDER PROFESSIONAL EDITION, 1 USER		I00003734 BT16-PRO	1	\$495.00	\$495.00



Product	Special Notes	Item #	Qty	Unit Price	Amount
				Subtotal	\$ 7,677.40
				Tax	\$ 0.00
				Shipping	\$ 0.00
				Total Due	\$ 7,677.40

**QUOTE: 161291009** 

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