COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Committee on Natural Resources

Oversight Field Hearing on: "The Northern Long Eared Bat: The Federal Endangered Species Act and Impacts of a Listing on Pennsylvania and 37 Other States" September 8, 2014

For Individuals:

- 1. Name: Paul Lyskava
- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Paul Lyskava, Executive Director
- 2. Name of Organization(s) You are Representing at the Hearing: Pennsylvania Forest Products Association
- 3. Business Address: 301 Chestnut Street, Harrisburg, PA 17011
- 4. Business Email Address:
- 5. Business Phone Number:

For all Witnesses

Name/Organization: Paul Lyskava/PA Forest Products Association

Title/Date of Hearing Committee on Natural Resources Oversight Field Hearing on "The Northern Long Eared Bat: The Federal Endangered Species Act and Impacts of a Listing on Pennsylvania and 37 Other States"

September 8, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N/A

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

12 yrs., Executive Director PA Forest Products Association (current); 4 yrs, Executive Director, PA Hardwoods Development Council (1998-2002); current member of the following advisory committees: PA Governor's Invasive Species Council; PA DCNR Forest Stewardship Committee; Pa DCNR State Forest Timber Advisory Committee; PA DCNR Ecosystem Management Advisory Committee; PA Hardwoods Development Council; Penn State Dept. of Ecosystem Science and Management Advisory Committee

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

12 yrs., Executive Director PA Forest Products Association (current); 4 yrs, Executive Director, PA Hardwoods Development Council (1998-2002)

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A; the PA Dept. of Agriculture does receive annual funding from USDA APHIS for public outreach on forest pests, some of which is used to support the Pennsylvania WoodMobile, a joint education effort of the PA Dept. of Agriculture and PFPA. Amount unknown. None of this money comes to myself, PFPA or its employees.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. None.

g. Any other information you wish to convey that might aid the Members of the Committee to better

understand the context of your testimony. N/A.

Witnesses Representing Organizations

Name/Organization: Paul Lyskava/PA Forest Products Association

Title/Date of Hearing Committee on Natural Resources Oversight Field Hearing on "*The Northern Long Eared Bat: The Federal Endangered Species Act and Impacts of a Listing on Pennsylvania and 37 Other States*" September 8, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Executive Director (employee, non-elected)

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A; the PA Dept. of Agriculture does receive annual funding from USDA APHIS for public outreach on forest pests, some of which is used to support the Pennsylvania WoodMobile, a joint education effort of the PA Dept. of Agriculture and PFPA. Amount unknown. None of this money comes to myself, PFPA or its employees.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None. In 2013, PFPA was a named party in an amicus brief filed with the U.S. Supreme Court in Decker v. NEDC.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. None.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). Attached as a separate documents.

E	Ο
	E

IRS *e-file* Signature Authorization

Do not send to the IRS. Keep for your records.

for an Exempt Organization

For calendar year 2012, or fiscal year beginning OCT 1_{200} , 2012, and ending SEP 30_{200} ,20 13_{200}

2012

Department of the Treasury Internal Revenue Service

Employer identification number

PENNSYLVANIA FOREST PRODUCTS ASSN

54-1155971

Name and title of officer PAUL LYSKAVA EXECUTIVE DIRECTOR

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 1.

1a	Form 990 check here b X b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	53086	0
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b		
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)			
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b		
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 2012 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 return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize PARENTEBEARD LLC	to enter my PIN	17401
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at 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 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, Luill enter my PIN or the return's disclosure consent screen.		
Part III Certification and Authentication		······································
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2388451740 do not enter all zeros		
certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.		
RO's signature Date Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	o So	
HA For Paperwork Reduction Act Notice, see instructions. 123051 1-05-12	Forr	m 8879-EO (2012)

11520609 132500 1011734P

37 2012.05090 PENNSYLVANIA FOREST PRODUCT 10117341

			EXT SION GRANTED TO AUGUST 15		
	Ω	00	Return of Organization Exempt From	* /	OMB No. 1545-0047
Form 990 Return of Organization Exempt From Incol Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except					2012
Depa	artment	of the Treasury	benefit trust or private foundation)		Open to Public Inspection
Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.					
				SEP 30, 2013	
Bo	Check if	le: C Name o	forganization	D Employer identif	ication number
	Addr	ess PENN	SYLVANIA FOREST PRODUCTS ASSN		
	Nam	ge Doing B	usiness As	54-1	155971
]Initial return Term	n j Number	and street (or P.O. box if mail is not delivered to street address)		
	-Jated ∏Amer		CHESTNUT STREET 102 vn, or post office, state, and ZIP code	G Gross receipts \$	<u>901-0420</u> 541,015.
	⊥retun]Appli]tion		ISBURG, PA 17101	H(a) Is this a group r	
	pend		nd address of principal officer: PAUL LYSKAVA	for affiliates?	Yes X No
			AS C ABOVE	H(b) Are all affiliates in	cluded? 🗌 Yes 🛄 No
	ſax-ex	empt status: [527 If "No," attach a	a list. (see instructions)
			PAFORESTPRODUCTS.ORG	H(c) Group exemption	
10000000	*****	f organization:		ear of formation: 1980[]	VI State of legal domicile: PA
8.86.			be the organization's mission or most significant activities: $\underline{ extsf{FORESTRY}}$	FDUCATION &	- , - ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Activities & Governance	1	PRESERV		BDUCATION Q	
srna	2	Check this bo	$x \triangleright$ if the organization discontinued its operations or disposed of m	ore than 25% of its net a	
iove	3	Number of vot	ting members of the governing body (Part VI, line 1a)		16
ي ھ	4		lependent voting members of the governing body (Part VI, line 1b)		16
ies	5	Total number	of individuals employed in calendar year 2012 (Part V, line 2a)		4
i <u>v</u> it	6		of volunteers (estimate if necessary)		16
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	347,733.	382,315.
Revenue	9	-	ce revenue (Part VIII, line 2g)	139,093.	137,497.
Be	1		come (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	3,498.
	-		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	496,124.	7,550.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,124.	0.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		•	to or for members (Part IX, column (A), line 4)	253,878.	285,635.
Sec			r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	233,0,0	0.
Expenses			ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>0.</u>		<u> </u>
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	191,105.	204,474.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	444,983.	490,109.
	19		expenses. Subtract line 18 from line 12	51,141.	40,751.
28 Sec		1010100 1000		Beginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)	702,760.	782,403.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)	114,426.	153,318.
Fun	22	Net assets or t	fund balances. Subtract line 21 from line 20	588,334.	629,085.
Pa	rt II	Signature	Block		
	•		declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge	
				<u>6</u> 4/14	
Sigr		,		Dater	
Her	e		LYSKAVA, EXECUTIVE DIRECTOR		
		· · ·		Date Check	PTIN
Date		Print/Type prep		I light It	
Paid Pron			► PARENTEBEARD LLC		23-2932984
Prep		Firm's name		Firm's EIN 🕨	23-232304
038	Ise Only Firm's address TWO WALN STREET WELLSBORO, PA 16901 Phone no. (570)-724-5000				
Mar	the	l 29 diegues this	s return with the preparer shown above? (see instructions)		X Yes No
may	ine l	ง นเธยนธร เป็ร	return with the preparer shown abover (see instructions)		

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	$\binom{7}{1}$		(2)		
		file Signature Aut		F	OMB No. 1545-1878
Form 8879-EO	TO For calendar year 2011, or fiscal year beginn				0044
Department of the Treasury		end to the IRS. Keep f	or your records.	,20 16	2011
Internal Revenue Service Name of exempt organization	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>	See instructions	3	Employer id	entification number
·					
	FOREST PRODUCTS AS	SN		54-11	<u>55971</u>
Name and title of officer PAUL LYSKAVA					
EXECUTIVE DIR	ECTOR	**···			
	Return and Return Information				,
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form a, below, and the amount on that lin ank (do not enter -0-). But, if you ent	e for the return being fi	led with this form was blank,	then leave lin	ie 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if a	ny (Form 990, Part VIII,	column (A), line 12)	1b	496124
2a Form 990-EZ check he	re 🕨 🛄 b Total revenue,	, if any (Form 990-EZ, Iir	ne 9)	2b	······································
3a Form 1120-POL check	here 🕨 🛄 🛛 b Total tax (l	Form 1120-POL, line 22)	3b _	
4a Form 990-PF check he	re b Tax based on	investment income (Fo	orm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	Balance Due (Form	n 8868, Part I, line 3c or	r Part II, line 8c)	5b	<u></u>
Part II Declarat	ion and Signature Authoriz	ation of Officer			····
return, and the financial ins 1-888-353-4537 no later tha processing of the electroni payment. I have selected a	Institution account indicated in the stitution to debit the entry to this acc an 2 business days prior to the payr c payment of taxes to receive confic personal identification number (PIN dectronic funds withdrawal.	count. To revoke a payn nent (settlement) date. I fential information nece	nent, I must contact the U.S I also authorize the financial ssary to answer inquiries an	. Treasury Fin institutions in d resolve issu	ancial Agent at volved in the les related to the
X I authorize PAI	RENTEBEARD LLC			to enter my l	DIN 17401
	EP	10 firm name		•	Enter five numbers, but
is being filed with	on the organization's tax year 2011 on a state agency(ies) regulating chari the return's disclosure consent scre	ties as part of the IRS F			
indicated within t program, I will en	he organization, I will enter my PIN a his return that a copy of the return is ter my PIN on the return's disclosur	s being filed with a state	e agency(ies) regulating char	rities as part o	of the IRS Fed/State
Officer's signature			Date ► <u>Au</u>	<u> 7100</u>	<u> </u>
Part III Certificat	ion and Authentication	· · · · · · · · · · · · · · · · · · ·		<u></u>	
ERO's EFIN/PIN. Enter you	ur six-digit electronic filing identificat	ion			
number (EFIN) followed by	your five-digit self-selected PIN.		do not enter all zeros		
I certify that the above num confirm that I am submitting e-file Providers for Business	eric entry is my PIN, which is my sig g this return in accordance with the s Returns.	nature on the 2011 ele requirements of Pub. 4	ctronically filed return for the 163, Modernized e-File (MeF	e organization) Information	indicated above. I for Authorized IRS
ERO's signature CHRIS	TOPHER C. HUMES		Date ▶ <u>8</u> 5	113	····
	ERO Must Rei Do Not Submit This For	tain This Form - S m To the IRS Unl		So	
LHA For Paperwork Redu 123051 12-01-11	ction Act Notice, see instructions		· · · · · · · · · · · · · · · · · · ·	F	orm 8879-EO (2011)

15320802 132500 1011734P

2011.05090 PENNSYLVANIA FOREST PRODUCT 10117341

		EXTEL ON GRANTED UNTIL AUGUST 1	2013				
	Ω			OMB No. 1545-0047			
For	n J	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung					
	benefit trust or private foundation) Pepartment of the Treasury Iternal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.						
			SEP 30, 2012	Inspection			
	heck if	C Name of organization	D Employer identific	ation number			
a	pplicab	e:	D Employer dentite				
	_Addre	PENNSYLVANIA FOREST PRODUCTS ASSN					
	Name chang	e Doing Business As	54-1	155971			
]Initial return]Termi	, , , , , , , , , , , , , , , , , , , ,					
	Jated ∏Amen	JUL SILEEI		<u>901-0420</u> 496,124.			
	Jreturn Applie Ition		G Gross receipts \$ H(a) Is this a group re				
	pendi	F Name and address of principal officer: PAUL LYSKAVA	for affiliates?				
		SAME AS C ABOVE	H(b) Are all affiliates inc				
			27 If "No," attach a	list. (see instructions)			
		te: WWW.PAFORESTPRODUCTS.ORG	H(c) Group exemption				
			ar of formation: 1980 N	State of legal domicile: PA			
Pa	rt I	Summary Briefly describe the organization's mission or most significant activities: FORESTRY					
5	1	PRESERVATION	EDUCATION &				
Activities & Governance	2	Check this box	ore than 25% of its net as	sets.			
ove		Number of voting members of the governing body (Part VI, line 1a)		17			
చ ల	4	Number of independent voting members of the governing body (Part VI, line 1b)		17			
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		3			
tivit	6	Total number of volunteers (estimate if necessary)		<u> </u>			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.			
	D		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	307,572.	347,733.			
Revenue	9	Program service revenue (Part VIII, line 2g)	121,360.	139,093.			
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,366.	3,540.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,491.	5,758.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436,789.	496,124.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>			
(D)	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	250,321.	253,878.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
per		Total fundraising expenses (Part IX, column (D), line 25)		· · · · · ·			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	184,107.	191,105.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	434,428.	444,983.			
LS:	19	Revenue less expenses. Subtract line 18 from line 12	2,361.	51,141.			
Net Assets or Fund Balances	20		Beginning of Current Year 668,092.	End of Year 702,760.			
Asse		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	130,899.	114,426.			
Fund		Net assets or fund balances. Subtract line 21 from line 20	537,193.	588,334.			
Pa	rt II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat		/ knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.				
		Signature of officer	Date	· · · ·			
Sigr		PAUL LYSKAVA, EXECUTIVE DIRECTOR	Duit				
Here	Ð	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid		CHRISTOPHER C. HUMES CHRISTOPHER C. HUMES	S self-employe	P00643048			
Prep		Firm's name PARENTEBEARD LLC	Firm's EIN	23-2932984			
Use	Only	Firm's address 221 W. PHILADELPHIA STREET, SUITE 20					
		YORK, PA 17401	Phone no. 7	178467000			
Мау	the I	AS discuss this return with the preparer shown above? (see instructions)		X Yes No			

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	IRS e-file Signature Authorization	Ļ	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		0040
	For calendar year 2010, or fiscal year beginning $\underline{ ext{OCT 1}}$, 2010, and ending $\underline{ ext{SE}}$	<u>P 30</u> ,20 <u>11</u>	2010
Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service	See instructions.	Employer	dentification number
Name of exempt organization		Linployer	
	PENNSYLVANIA FOREST PRODUCTS ASSN	54-11	155971
Name and title of officer			
	PAUL LYSKAVA		
Part I Type of	EXECUTIVE DIRECTOR Return and Return Information (Whole Dollars Only)		
	rn for which you are using this Form 8879-EO and enter the applicable amount	int, if any, from the retui	n. If you check the box
on line to 2a 2a 4a or 5	a, below, and the amount on that line for the return being filed with this form ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the section of the sectio	was blank, then leave i he applicable line below	ne 16, 26, 36, 46, 61 56, 7. Do not complete more
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 1:	2) 1b _	436789
2a Form 990-EZ check h	ere b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL chec	k here 🕨 🛄 🛛 b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check h	ere b Tax based on investment income (Form 990-PF, Part	VI, line 5) 4b _	
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		······
Part II Declarat	ion and Signature Authorization of Officer		
 (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a 	bount in Part above is the amount shown on the copy of the organization der, transmitter, or electronic return originator (ERO) to send the organization of receipt or reason for rejection of the transmission, (b) the reason for any de upplicable, I authorize the U.S. Treasury and its designated Financial Agent to i institution account indicated in the tax preparation software for payment of stitution to debit the entry to this account. To revoke a payment, I must cont ian 2 business days prior to the payment (settlement) date. I also authorize the ic payment of taxes to receive confidential information necessary to answer is a personal identification number (PIN) as my signature for the organization's electronic funds withdrawal.	o initiate an electronic fi i the organization's fede tact the U.S. Treasury F he financial institutions inquiries and resolve is:	unds withdrawal (direct yral taxes owed on this inancial Agent at involved in the sues related to the
		to enter m	v PIN 17401
X I authorize PA	RENTEBEARD LLC ERO firm name		Enter five numbers, but
			do not enter all zeros
is being filed with enter my PIN on As an officer of t indicated within program, I will for Officer's signature		x vear 2010 electronica	lly filed return. If I have t of the IRS Fed/State
	tion and Authentication		
	our six-digit electronic filing identification	4517401	
	do not er	nter all zeros	
confirm that I am submittin e-file Providers for Busines	neric entry is my PIN, which is my signature on the 2010 electronically filed in the requirements of Pub. 4163 , Modernized as Returns.		ion indicated above. I on for Authorized IRS
	when Churer Date	· STrik	
	ERO Must Retain This Form - See Instruction Do Not Submit This Form To the IRS Unless Request	ons	
			Form 8879-EO (2010)
LHA For Paperwork Rec 023051 12-27-10	luction Act Notice, see instructions.		

08080509 132500 1011734P 2010.05080 PENNSYLVANIA FOREST PRODUCT 10117341

For	m g	90	Return of Organization Exempt Froi Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			OMB No. 1545-0047
		t of the Treasury renue Service	benefit trust or private foundation) The organization may have to use a copy of this return to satisfy s	tate reporting requireme	ents.	Open to Public Inspection
				g SEP 30, 20		
	Check		organization	D Employer ider		ion number
-	applica	bie:				
	Add	ress Ige PENN	SYLVANIA FOREST PRODUCTS ASSN			
	Nan	ige DOING BL	usiness As	54	-115	5971
	initia retu	n Number	and street (or P.O. box if mail is not delivered to street address) Room	/suite E Telephone nur	mber	
	 ated		CHESTNUT STREET 102	71	<u>7–90</u>	1-0420
[retu		own, state or country, and ZIP + 4	G Gross receipts \$		436,789.
	App		ISBURG, PA 17101	H(a) Is this a grou	up retur	
	pend	👘 🛛 🛛 F Name ar	nd address of principal officer: PAUL LYSKAVA	for affiliates?	1	Yes X No
			AS C ABOVE	H(b) Are all affiliate		
		xempt status:	501(c)(3) X 501(c) (6)◀ (insert no.) 4947(a)(1) or	· ·		. (see instructions)
			PAFORESTPRODUCTS.ORG	H(c) Group exem		
		of organization:	Corporation Trust X Association Other L	Year of formation: 198	U M St	tate of legal domicile: PA
2.	art I				<u> </u>	
Activities & Governance	1	Briefly describe				·····
en	2	Check this box	• • • • • • • • • • • • • • • •			
Sov	3		ng members of the governing body (Part VI, line 1a)	r i i i i i i i i i i i i i i i i i i i	3	17
S.	4		ependent voting members of the governing body (Part VI, line 1b)		4	17
ties	5		of individuals employed in calendar year 2010 (Part V, line 2a)		5	5
tívi	6		f volunteers (estimate if necessary)		6	0
Ac			business revenue from Part VIII, column (C), line 12	F	7a	0.
		Net unrelated t	business taxable income from Form 990-T, line 34		7b	
	8	Contributions	and events (Deut) (III, Ban 16)	Prior Year 328,360	6	Current Year 307,572.
Revenue	9		and grants (Part VIII, line 1h) e revenue (Part VIII, line 2g)	00 04		121,360.
Nei	10	+	e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)			5,366.
ď	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,491.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)			436,789.
	13		illar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	245,48	8.	250,321.
nse	16a		ndraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ig expenses (Part IX, column (D), line 25) ► 0 .			
ш	17		s (Part IX, column (A), lines 11a-11d, 11f-24f)	133,935	5.	184,107.
	18		Add lines 13-17 (must equal Part IX, column (A), line 25)	379,423	3.	434,428.
	19	Revenue less e	xpenses. Subtract line 18 from line 12	47,77	1.	2,361.
Net Assets or Fund Balances				Beginning of Current Ye	ar	End of Year
sets	20	Total assets (Pa	art X, line 16)	658,905	5.	668,092.
Id B	21	Total liabilities (Part X, line 26)	124,073	3.	130,899.
<u>S</u> F	22	Net assets or fu	und balances. Subtract line 21 from line 20	534,832	2.	537,193.
Pa	a II	Signature	Block			
			declare that I have examined this return, including accompanying schedules and s		of my kn	owledge and belief, it is
true,	corre	ct, and complete. I	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.		
			af . filman			
Sigr		Signature Datur		Date		
Her	e		LYSKAVA, EXECUTIVE DIRECTOR			
		Type or pr				

	Type of phint name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	CHRISTOPHER C. HUMES	CHRISTOPHER C. HUME	self-employed	
Preparer	Firm's name 🕨 PARENTEBEARD LLC		Firm's EIN	
Use Only	Firm's address 🖕 320 MARKET ST, 6	TH FL, PO BOX 625		
	HARRISBURG, PA 1	7108-0625	Phone no. (717) 236-1100
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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