

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.

l. 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.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2012, or fiscal year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

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 I.**

| | | | | |
|------------------------------------|---------------------------------------|--|-----------|---------------|
| 1a Form 990 check here | ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>530860</u> |
| 2a Form 990-EZ check here | ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | ▶ <input type="checkbox"/> | 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 funds withdrawal.

Officer's PIN: check one box only

I authorize PARENTEBEARD LLC to enter my PIN 17401
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 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 2012 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 ▶  Date ▶ 0/9/14

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.

23884517401
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 ▶ _____ Date ▶ _____

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

| | | |
|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PENNSYLVANIA FOREST PRODUCTS ASSN Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 301 CHESTNUT STREET 102 City, town, or post office, state, and ZIP code HARRISBURG, PA 17101 F Name and address of principal officer: PAUL LYSKAVA SAME AS C ABOVE | D Employer identification number 54-1155971 E Telephone number 717-901-0420 G Gross receipts \$ 541,015. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.PAFORESTPRODUCTS.ORG | | |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1980 M State of legal domicile: PA |

Part I Summary

| | | | |
|--|--|--|----------------------------------|
| | 1 Briefly describe the organization's mission or most significant activities: <u>FORESTRY EDUCATION & PRESERVATION</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 4 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 16 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 Program service revenue (Part VIII, line 2g) | | 347,733. | 382,315. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 139,093. | 137,497. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,540. | 3,498. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,758. | 7,550. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 496,124. | 530,860. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 253,878. | 285,635. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | 0. | 0. |
| Expenses | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 191,105. | 204,474. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 444,983. | 490,109. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 51,141. | 40,751. |
| | Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year |
| 21 Total liabilities (Part X, line 26) | | 702,760. | 782,403. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | | 114,426. | 153,318. |
| | | 588,334. | 629,085. |

Part II Signature Block

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

| | | |
|-------------------------------|---|--------------|
| Sign Here | Signature of officer: PAUL LYSKAVA, EXECUTIVE DIRECTOR Type or print name and title | Date: 6/1/14 |
| Paid Preparer Use Only | Print/Type preparer's name: TIMOTHY GOOCH Preparer's signature: TIMOTHY GOOCH Date: 6/10/14 Check if self-employed: <input type="checkbox"/> PTIN: P00000775 Firm's name: PARENTEBEARD LLC Firm's address: TWO WALN STREET, WELLSBORO, PA 16901 Firm's EIN: 23-2932984 Phone no.: (570)-724-5000 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1678

For calendar year 2011, or fiscal year beginning OCT 1, 2011, and ending SEP 30, 2012

2011

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

▶ **See instructions.**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

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 I.

| | | | | | | |
|----|--------------------------|---------------------------------------|---|--|----|---------------|
| 1a | Form 990 check here | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>496124</u> |
| 2a | Form 990-EZ check here | ▶ <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | ▶ <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | ▶ <input type="checkbox"/> | 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 2011 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

I authorize PARENTEBEARD LLC to enter my PIN 17401
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 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 2011 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 ▶ *Paul Lyskava* Date ▶ Aug 7, 2013

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.

23884517401

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 ▶ CHRISTOPHER C. HUMES Date ▶ 8/5/13

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2011

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

Form 990 header section containing organization name (PENNSYLVANIA FOREST PRODUCTS ASSN), EIN (54-1155971), address (301 CHESTNUT STREET, HARRISBURG, PA 17101), and principal officer (PAUL LYSKAVA).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (FORESTRY EDUCATION & PRESERVATION), revenue breakdown, and total assets/liabilities.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing signature of Paul Lyskava, Executive Director, dated 8/7/13.

Preparer information section for Christopher C. Humes, Preparer of PARENTEBEARD LLC, located at 221 W. PHILADELPHIA STREET, SUITE 200, YORK, PA 17401.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning OCT 1, 2010, and ending SEP 30, 2011

2010

Department of the Treasury
Internal Revenue Service

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

▶ See instructions.

Name of exempt organization

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 I.

| | | | |
|--|--|----|---------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>436789</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | 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 2010 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

I authorize PARENTEBEARD LLC

ERO firm name

to enter my PIN 17401

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 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 2010 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 ▶ 

Date ▶ 5/11/12

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.

23884517401

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 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 ▶ 

Date ▶ 5/11/12

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the **2010** calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011**

| | | | |
|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PENNSYLVANIA FOREST PRODUCTS ASSN Doing Business As | | D Employer identification number 54-1155971 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 301 CHESTNUT STREET 102 | | E Telephone number 717-901-0420 |
| | City or town, state or country, and ZIP + 4 HARRISBURG, PA 17101 | | G Gross receipts \$ 436,789. |
| | F Name and address of principal officer: PAUL LYSKAVA SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.PAFORESTPRODUCTS.ORG | | | |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1980 M State of legal domicile: PA |

| Part I Summary | | | |
|--|---|--|--------------------|
| 1 Briefly describe the organization's mission or most significant activities: FORESTRY EDUCATION & PRESERVATION | | | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 5 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 Program service revenue (Part VIII, line 2g) | | 328,366. | 307,572. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 88,846. | 121,360. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 7,241. | 5,366. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,741. | 2,491. |
| | | 427,194. | 436,789. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 245,488. | 250,321. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 133,935. | 184,107. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 379,423. | 434,428. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 47,771. | 2,361. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 658,905. | 668,092. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 124,073. | 130,899. |
| | | 534,832. | 537,193. |

Part II Signature Block

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

| | | |
|------------------|---|------|
| Sign Here | Signature of officer | Date |
| | PAUL LYSKAVA, EXECUTIVE DIRECTOR Type or print name and title | |

| | | | | | |
|-------------------------------|---|--|------------------------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name CHRISTOPHER C. HUMES | Preparer's signature CHRISTOPHER C. HUME | Date 5/11/12 | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ PARENTEBEARD LLC | Firm's EIN ▶ | | Firm's address ▶ 320 MARKET ST, 6TH FL, PO BOX 625 HARRISBURG, PA 17108-0625 | |
| | Phone no. (717) 236-1100 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No