# Extended to November 15, 2019 Return of Organization Exempt From Income Tax

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Department of the Treasury Internal Revenue Service

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Open to Public Inspection

<u>A 1</u>	For the	2018 calendar year, or tax 1	OIV C		
В	Check if applicable	C Name of organization		entific	ation number
	Addres change Name change	PENNSYLVANIA CERTIFIED ORGANIC		23-28	885447
F	Initial return Final	, ,	Room/suite 201	E Telephone number (814	
L	—return/ termin∽		3 U I	G Gross receipts \$	3,508,517.
$\vdash$	ated Amend	City or town, state or province, country, and ZIP or foreign postal code  SPRING MILLS, PA 16875			
_	return Applica tion			H(a) Is this a group re	? Yes X No
	pendin	same as C above		H(b) Are all subordinates in	
1	Tay-eye	rmpt status: X 501(c)(3)	r 527		list. (see instructions)
		e: ► WWW.PAORGANIC.ORG	1 0	H(c) Group exemption	•
		organization: X Corporation	L Year		State of legal domicile: PA
		Summary			
		Briefly describe the organization's mission or most significant activities: ${ m TO}$ EN	ISURE	THE INTEGRI	ry of
Governance		ORGANIC PRODUCTS AND SERVE OUR FARMING CO			ISION A
rna		Check this box 🕨 🔲 if the organization discontinued its operations or dispos			sets.
ove	3 !	Number of voting members of the governing body (Part VI, line 1a)		3	8
ه ت	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	33
<u> </u>	6	Total number of volunteers (estimate if necessary)		i i	40
Activities	1	Total unrelated business revenue from Part VIII, column (C), line 12		1 1	0.
_	b l	Net unrelated business taxable income from Form 990-T, line 38	<del></del>		0.
			ļ	Prior Year	Current Year
ą	1	Contributions and grants (Part VIII, line 1h)	1	9,978.	50.
Revenue		Program service revenue (Part VIII, line 2g)	ł.	3,009,603. 159.	3,499,081.
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,031.	9,254.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,021,771.	3,508,517.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		Ŏ.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	1,883,954.	1,949,651.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	- 1	0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25)   37,22			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,270,797.	1,333,466.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,154,751.	3,283,117.
	19	Revenue less expenses. Subtract line 18 from line 12		-132,980.	225,400.
Net Assets or Eurit Raiances	3		В	eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		590,715.	815,197.
t As	21	Total liabilities (Part X, line 26)		343,005.	342,087.
럘	22	Net assets or fund balances. Subtract line 21 from line 20		247,710.	473,110.
	art II	Signature Block		12.45.5.4.44.4	v language and ballet it is
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the dest of m	y knowledge and bellet, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	non prepare	r nas any knowledge.	
		Signature of officer		Date	
Sig		Diana Underwood, Interim Co-Executive	Dire	ctor	
He	re	Type or print name and title	DILEC	0001	
_				Date Check	PTIN
Pai	id	Print/Type preparer's name  JOSEPH P. FEDELI, CPA  JOSEPH P. FEDELI  JOSEPH P. FEDELI	I. CP	07/25/19 if self-employ	P00538622
	parer		LLP	Firm's EIN	20-2000257
	e Only	Firm's address 2013 Sandy Dr. Ste 200			
		State College, PA 16803		Phone no.81	4-237-8999
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d	Other program services	s (Descri	ibe in Sch	nedule O.)	
	(Expenses \$	273	,901.	including grants of \$	

) (Revenue \$

28,299.)

Form 990 (2018) PENNSYLVANIA CERTIFIED ORGANIC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			х
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114	-11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 10		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	442		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	เอ		- 21
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· · · · · · · · · · · · · · · · · · ·		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Permi 990 (2018) PENNSYLVANIA CERTIFIED ORGANIC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
٨	any tax-exempt bonds?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	, , , , , , , , , , , , , , , , , , , ,	28a	7.7	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		21
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		<u> </u>
O,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·		
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
þ				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2018) PENNSYLVANIA CERTIFIED ORGANIC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		X
	to file Form 8282?	7c_	<del> </del>	Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	70		х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f	<del>                                     </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h	_	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	***	· ·	
8	sponsoring organizations maintaining donor advised idings. Sid a donor advised iding maintaining donor advised idings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	many district the state of the	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	ı		
b	40h			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		1	
C		44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	+	A
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	†	<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year?	10		1
40	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16		10	1	<u></u>
	If "Yes," complete Form 4720, Schedule O.			10040

Form 990 (2018) PENNSYLVANIA CERTIFIED ORGANIC 23-2885447 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u>,,</u>		X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the humber of voting themselve of the governing body at the one of the tax year.	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	_		
	Enter the father of verify members included in into 14 above, into are interpreted in into	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<u> </u>	<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		77	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ '	37	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			***
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	
а	The governing body?	8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	-22
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	many and the state of the state	10a	163	X
	Did the organization have local chapters, branches, or affiliates?	IUa		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		Ì
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
			<del> </del> -	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	the state of the s		X	
b	and the second of the second o	1.2.5		
С	in Schedule O how this was done	12c	Х	
40	Did the organization have a written whistleblower policy?	·	X	
13	Did the organization have a written document retention and destruction policy?		Х	
14	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
_	The state of the s	15a	X	
a b	and the second s			X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
163	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		X
h.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	. 16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	(3)s only	/) avail	able
.0	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DIANA UNDERWOOD - 814-422-0251			
	106 SCHOOL STREET, SUITE 201, SPRING MILLS, PA 16875			

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	рох	not c unle	ss pe	ition more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual frustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TINA ELLOR	0.60								0.	0
VICE PRESIDENT	0 10	X		X				0.	<u> </u>	0.
(2) ROBERT EBERLY	0.40	X						0.	0.	0.
ADVISORY BOARD MEMBER	0.60	Δ		-				0.	<u> </u>	<u> </u>
(3) DAVE HARTMAN	0.00	X		х				0.	0.	0.
TREASURER (4) KRISTY BORELLI	0.40	-22		Λ				<u> </u>	<u> </u>	<u></u>
MANAGING BOARD MEMBER	0.40	x						0.	0.	0.
(5) LUKE HOWARD	0.60	21								
PRESIDENT	0.00	X		x				0.	0.	0.
(6) BETH GUGINO	0.60					<u> </u>				
MANAGING BOARD CHAIR		X		х				0.	0.	0.
(7) MIKE SPANGLER	0.40									
MANAGING BOARD MEMBER		X						0.	0.	0.
(8) RON HOOVER	0.60									
SECRETARY		X		X				0.	0.	0.
(9) JOE MILLER	0.40		1							_
ADVISORY BOARD MEMBER		X			<u> </u>			0.	0.	0.
(10) ROSS DUFFIELD	0.40							_	_	
ADVISORY BOARD MEMBER		X					_	0.	0.	0.
(11) SPENCER MILLER	0.40	l							_	
ADVISORY BOARD MEMBER		X				₩	<u> </u>	0.	0.	0.
(12) ANDREW SMYRE	0.40								^	^
ADVISORY BOARD MEMBER	0.40	X		<b></b>	<del> </del> —		<u> </u>	0.	0.	0.
(13) BETTY HARPER	0.40	1						0.	0.	0.
MANAGING BOARD MEMBER	0.40	X			-		ļ	<u> </u>	0.	<u> </u>
(14) TED LEBOW	0.40	x						0.	0.	0.
MANAGING BOARD MEMBER	40.00	<del> </del> ≏							0.	
(15) KYLA SMITH	40.00	1		X				69,172.	0.	20,443.
INTERIM CO-EXECUTIVE DIRECTOR (16) DIANA UNDERWOOD	40.00			-		<del>                                     </del>	-	V J , ± , Z •		
INTERIM CO-EXECUTIVE DIRECTOR	=0.00	1		х				74,022.	0.	7,009.
INIDATE CO-BARCOTIVE DIRECTOR					<del>                                     </del>	<b>†</b>				
		_								

	(A) Name and title	(B) Average hours per week (list any hours for related	offi	not c , unle cer an	ss pe d a d	nore rson irecto	than o is both or/trus	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISO		Esti amo o comp fro	(F) mated ount of ther ensation m the	
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nization related izations	
														_
			_											_
											-			_
													· · · · · · · · · · · · · · · · · · ·	_
			-											
		***	-											
-					ļ					- 			-41	
	MANAGE TO THE STATE OF THE STAT			ļ										
	Marketon .					<u> </u>			143,194.	400000	0.	2.5	,452	_
c	Sub-total Total from continuation sheets to Par	t VII, Section A							0.		0.		0	
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but	ut not limited to ti		liste	ed a	bov	e) wł	10 r	143,194. received more than \$100		<u>0.</u> ∍		,452	_
	compensation from the organization	·								******			Yes No	0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for the Ita I											3	X	
4	For any individual listed on line 1a, is the and related organizations greater than \$	e sum of reportab	ie c	omp	ens	atio	n and	to t	her compensation from	the organization		4	X	
5	Did any person listed on line 1a receive rendered to the organization? If "Yes," or	or accrue compe	nsa	tion :	fron	an	y un:	elat	ted organization or indiv	idual for services		5	Х	
Sec	ction B. Independent Contractors													_
1 	Complete this table for your five highest the organization. Report compensation	compensated in for the calendar	cep /ear	end	ent o ing v	with	or w	ithí	n the organization's tax	year.	perio			
	(A) Name and busin	ess address							(B) Description of	services	С	(C omper	sation	
	PITAL BLUE CROSS O. BOX 779516, HARRIS	BURG, PA	1	71	17				HEALTH INSUR	ANCE		25	7,163	
		A:												
		10,000		•			***							
	Add and the second seco	-												
2	Total number of independent contracto		not I	limite	ed to	the	ose li	ste	d above) who received r	nore than	~~~			
	\$100,000 of compensation from the org	anization 📂					ㅗ					Form \$	990 (201	8)

Form 990 (2018)
Part VIII S 9) PENNSYLVANIA CERTIFIED ORGANIC Statement of Revenue

		Check if Schedule O conta	a 100001	00 01 13010 10 411 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b					
S, C	С	Fundraising events	1c					
a H	d	Related organizations	1d					
ig.	е	Government grants (contributi	ons) <u>1e</u>				e.	•
Sign	f	All other contributions, gifts, grant	s, and					
골		similar amounts not included abov	re <b>1f</b> _	50.				
들	g	Noncash contributions included in lines	1a-1f: \$			**		
Q #	h	Total. Add lines 1a-1f		<b>&gt;</b>	50.	· · · · · · · · · · · · · · · · · · ·		
				Business Code				
99	2 a					<u>3,453,379.</u>		
Z e	b			541900	26,658.	26,658.		
en S	c	WORKSHOPS		_ 541900	11,444.	11,444.		<u> </u>
Program Service Revenue	d	*****						
00	е					F. 600		
۵.	f	All other program service reve	nue	541900	7,600.	7,600.		
	g	Total. Add lines 2a-2f			<u>3,499,081.</u>			
	3	investment income (including			420			132.
		other similar amounts)			132.			134.
	4	Income from investment of tax		<b>S</b>				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		: Rental income or (loss)						
1		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		_		•		
		l Net gain or (loss)						
nue	8 a	Gross income from fundraisin	g events (no	t				
Ē		including \$						
ě		contributions reported on line			·			
Other Reve		Part IV, line 18						
5		Less: direct expenses						
_		Net income or (loss) from fund		its				
	9 a	Gross income from gaming ac						
		Part IV, line 19		l l				
		Less: direct expenses						
		Net income or (loss) from gan		·······			<u> </u>	
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		_				
		Net income or (loss) from sale		7				
		Miscellaneous Revenu	ie	Business Code 541900	9,254.	9,254.		
		OTHER		341300	<u> </u>	J,25±	<u> </u>	
	į t							
	1	<u> </u>						
	1	d All other revenue			9,254.			
		e Total, Add lines 11a-11d			3 508 517	3,508,335.	. 0	. 132.
	12	Total revenue. See instructions			<u>0,000,011</u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	Form <b>990</b> (2018)

	All other organizations must complete column	

	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
/b,	8b, 9b, and 10b of Part VIII.	, , , , , , , , , , , , , , , , , , , ,	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		ww		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	·		The state of the s	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				•
5	Compensation of current officers, directors,				
	trustees, and key employees	170,646.	127,984.	40,955.	1,707
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,389,465.	1,066,106.	306,832.	16,527
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	30,924.	23,350.	7,271.	303
9	Other employee benefits	228,699.	171,368.	55,039.	2,292
10	Payroll taxes	129,917.	98,533.	29,097.	2,287
11	Fees for services (non-employees):				
	Management				
	Legal	10,669.		10,136.	533
	Accounting	6,200.		5,890.	310
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	25 254	25 640		4.4
	Advertising and promotion	35,874.	35,649.	214.	11.
13	Office expenses	72,813.	29,407.	41,236.	2,170
14	Information technology				
15	Royalties	40.000	20 017	11 400	CO.4
16	Occupancy	42,903.	30,817.	11,482.	604
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest  Payments to affiliates				
21 22	Payments to affiliates	69,377.	28,019.	39,290.	2,068
23	,	46,726.	8,109.	36,686.	1,931
24	Other expenses. Itemize expenses not covered	40,720.	0,105.	30,000.	1,551.
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	INSPECTIONS	675,393.	666,857.	8,109.	427
b	UTILITIES	91,193.	74,906.	15,473.	814
C	MEETINGS, NET	81,788.	16,581.	61,947.	3,260
	CERTIFICATIONS	56,972.	56,972.	0.	0,
	All other expenses	143,558.	104,006.	37,574.	1,978
25	Total functional expenses. Add lines 1 through 24e	3,283,117.	2,538,664.	707,231.	37,222
26	Joint costs. Complete this line only if the organization	-,,,		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X Balance Sheet

Pa	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			198,579.	2	455,172.
	3	Pledges and grants receivable, net	.,			3	
	4	Accounts receivable, net			159,602.	4	151,487
	5	Loans and other receivables from current and for	ormer offic	cers, directors,			
		trustees, key employees, and highest compensa	•	•			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	•	, 1	,		
		section 4958(f)(1)), persons described in section		1			·
		employers and sponsoring organizations of sect					
ets		employees' beneficiary organizations (see instr).		[*		6	
Assets	7	Notes and loans receivable, net			MITTER 1 100 100 100 100 100 100 100 100 100	7	
	8	Inventories for sale or use			18,198.	8	46,479
	9	Prepaid expenses and deferred charges	 I I		10,190.	9	40,4/5
	10a	Land, buildings, and equipment: cost or other		270 647			
		basis. Complete Part VI of Schedule D	10a	378,647. 216,588.	214,336.	10-	162,059
		Less: accumulated depreciation			414,330	110	102,035
	11	Investments - publicly traded securities		1		12	
	12	Investments - other securities. See Part IV, line				13	
	13	Investments - program-related. See Part IV, line				14	
	14	Intangible assets				15	
	15	Other assets. See Part IV, line 11	i	590,715.	16	815,197	
	16	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			156,330.	17	204,252
	17 18			1	130,330.	18	
	19	Grants payable  Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
'n	22	Loans and other payables to current and forme.					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
<u></u>	23	Secured mortgages and notes payable to unrela			186,675.	23	137,835
	24	Unsecured notes and loans payable to unrelate		Γ		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
	İ	Schedule D		i		25	
	26	Total liabilities. Add lines 17 through 25			<u>343,005.</u>	26	342,087
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
S		complete lines 27 through 29, and lines 33 ar					
ĕ	27	Unrestricted net assets			<u> 247,710.</u>	27	473,110
<u>=</u>	28	Temporarily restricted net assets			maer	28	
힏	29			<u></u>		29	
Ψ		Organizations that do not follow SFAS 117 (A	NSC 958),	check here ▶		¥	
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			44	30	
4SS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or	other funds	0/5 540	32	400 110
Z	33	Total net assets or fund balances			<u>247,710.</u>		<u>473,110</u>
	34	Total liabilities and net assets/fund balances .			590,715.	34	815,197 Form <b>990</b> (2018

Form 990 (2018)

#### SCHEDULE A

Department of the Treasury

**Total** 

(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.

2018

Open to Public Inspection

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 23-2885447 PENNSYLVANIA CERTIFIED ORGANIC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 X activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Nο Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 PENNSYLVANIA CERTIFIED ORGANIC 23-2885447 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

sec	tion A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	<del></del>					
	The portion of total contributions						
J	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,						
	actumen (A)		w undergrade				
_	``			ļ			
	Public support. Subtract line 5 from line 4.						1
		/-> 0014	#-> 001E	(+) 0016	(-1) 2017	(~) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(I) Total
	Amounts from line 4						· · · · · · · · · · · · · · · · · · ·
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	www				<u> </u>	
	Total support. Add lines 7 through 10			<u></u>	<u></u>	<u> </u>	<u> </u>
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for						
<u> </u>	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publi					14.1	07
	Public support percentage for 2018 (ii					14	<u>%</u>
	Public support percentage from 2017						<u>%</u>
16a	33 1/3% support test - 2018. If the o						<b>-</b> 1
	stop here. The organization qualifies						
þ	33 1/3% support test - 2017. If the o						<b>L</b>
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						. 1 1
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶ 📗

## Schedule A (Form 990 or 990-EZ) 2018 PENNSYLVANIA CERTIFIED ORGANIC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	slow, please comp	nete Fait II.)				-
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	<u> </u>	(5) = 5 10	(0) 20:10		3.77	hi.
•	membership fees received. (Do not						
	include any "unusual grants.")	16,906.	12,770.	11,010.	10,200.	7,600.	58,486.
	Gross receipts from admissions,	10,7500.	12/1/01		20/200		
۷.	merchandise sold or services per-						
	formed, or facilities furnished in		and the same of th				
	any activity that is related to the organization's tax-exempt purpose	1915714.	2191041.	2529738.	3015186.	3464823.	<u>13116502.</u>
3	Gross receipts from activities that				<del> </del>		
Ŭ	are not an unrelated trade or bus-						
	iness under section 513		121,025.				121,025.
4	Tax revenues levied for the organ-					****	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	·					
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1932620.	2324836.	2540748.	3025386.	3472423.	13296013.
	Amounts included on lines 1, 2, and		-				
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						13296013.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	1932620.	2324836.	2540748.	3025386.	3472423.	13296013.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	136.	181.	325.	159.	132.	933.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	136.	181.	325.	159.	132.	933.
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.)					0.450555	12005045
13	Total SUDDORt. (Add lines 9, 10c, 11, and 12.)	1932756.	2325017.				13296946.
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			T I	00 00 %
15	Public support percentage for 2018 (					15	99.99 <u>%</u> 99.99 <u>%</u>
16	Public support percentage from 2017					16	99.99 %
	ction D. Computation of Inve						.01 %
17	Investment income percentage for 20					17	
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	
19:	33 1/3% support tests - 2018. If the	organization did ı	not check the box	on line 14, and line	e 15 is more than :	oo 1/3%, and line	
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization quali	ties as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2017. If the	organization did	not check a box or	n line 14 or line 19	a, and line to is mo	orted ereepiseties	and
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	inization qualifies	as a publicly suppo	orteu organization	·
20	Private foundation. If the organization	on did not check a	pox on line 14, 19	a, or 190, check t	nis dox and see in		

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 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 12a or 12b 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?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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.
- 10a 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.
  - b 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.)

	Yes	No
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 10b		

11. His the organization accepted sight or contribution from any of the following persone?  A Aperson who directly or indirectly controls, ether alone or together with persons described in (b) and (c) below. The governing body of a supported support and the control of the persons described in (b) and (c) below. The governing body of a supported organization?  A A 36% controlled entitly of a person described in (c) above? If "Yes" to a, b, or a, provide detail in Part VI.  11b. Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported directions than the power to regulatly appoint or elect at least a majority of the organization derivation or trustees at littines during the tax year? If I have been apported organization electron or trustees at littines during the tax year? If I have been apported organization of electron or trustees at littines during the tax year. If I have been apported organization of electron or trustees at littines during the tax year. If I have been a director or trustees at littines during the tax year. I have been a director or trustees at littines during the tax year. I have been a director or trustees at littines during the tax year. I have been a director or trustees at littines during the tax year. I have been a director or trustees at littines at littines during the tax year. I have been a director or trustees at littines during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organiz	Par	rt IV Supporting Organizations (continued)			
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a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  A fairly member of a person described in (g) above? If "Yes," to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during that axy year? If "No," describe he part VI how the supported organization defection or trustees at all times during that axy year? If "No," describe he with the organization's directions or trustees at all times during that axy year? If "No," describe how the power to against adors around detectors or trustees were allocated camong the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated in the benefit of any supported organization other than the supported organization operated in the benefit of any supported organization other than the supported organization operated in the supported organization other than the supported organization operated, supporting organization operated in the supported organization of supported organization of the supported organization of supported organization of supported organization of supported organization of the supported organization of the supported organizatio	11	Has the organization accepted a gift or contribution from any of the following persons?			
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The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  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.  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.  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		The organization satisfied the Activities Test. Complete line 2 below.			
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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.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2				
trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ē		3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3b	L	h Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	L	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

23-2885447 Page 6

Pai		g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a	4,11,22	
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	100000	
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,			
	see instructions)	4	wo	
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	*****	
Sec	tion 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		- Marie
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-functional	lly integrat	ed Type III supporting or	ganization (see
•	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Breakdown of line 7:
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 PENNSYLVANIA CERTIFIED ORGANIC	23-2885447 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
<del></del>		
•		

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PENNSYLVANIA CERTIFIED ORGANIC

Employer identification number <u>23-2885447</u>

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, iin		F
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	·	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru-	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		<u>.</u>
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conser	vation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expen	ise statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	es the organization's accounting for
	conservation easements.	f & J III James Tuescourses or	Other Similar Accets
Pa	rt III Organizations Maintaining Collections o		Other Sittilia: Assets.
	Complete if the organization answered "Yes" on Form		Land belong about works of art
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue star	tement and palarice sneet works of air,
	historical treasures, or other similar assets held for public ex		erance of public service, provide, in Fait XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	a could be leave about weather of orthiotorical
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	ent and balance sneet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of l	public service, provide the following amounts
	relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tro		ciai gain, provide
	the following amounts required to be reported under SFAS		<b>&gt;</b> *
а			
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche	dule D (Form 990) 2018 PENNSYL	VANIA CERT	TFIE	D ORGA	NIC		23	-2885	5447	Page 2
	t III   Organizations Maintaining C					or Other				
3	Using the organization's acquisition, accessi									
	(check all that apply):		·	•		<b>-</b>				
а	Public exhibition	(	<u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research	•			0 1 0					
С	Preservation for future generations									***************************************
4	Provide a description of the organization's co	ollections and expla	in how th	nev further t	the organizati	on's exem	nt purpose	in Part XI	II.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								es [	No
Par	t IV Escrow and Custodial Arran									140
	reported an amount on Form 990, Pa			4.94	,, 4,,0,,,0,,		0 000, 1		. 0, 0.	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not in	ncluded			
	on Form 990, Part X?		-						res [	No
h	If "Yes," explain the arrangement in Part XIII							immund *		
~		and complete the te	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	abio.				Δ,	mount	
С	Reginning halance						10		nount	
	Beginning balance									
	Additions during the year									<del></del>
4	Distributions during the year									
1	Ending balance									1
	Did the organization include an amount on F								es L	— No
Par	If "Yes," explain the arrangement in Part XIII.								<u></u>	
rai	t V Endowment Funds. Complete i		1						<b>.</b>	
_		(a) Current year	(b) P	rior year	(c) Two year	S DACK (C	d) Three years	Dack (e	:) Four yea	ars dack
1a	Beginning of year balance		1							
	Contributions						····			
	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
е	Other expenditures for facilities				***************************************					
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for the	e organizatio	n		
	by:								Ye	s No
	(i) unrelated organizations							[	3a(i)	
	(ii) related organizations							1	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?	•				3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		0. Part I\	/. line 11a. \$	See Form 990	), Part X, li	ne 10.			
	Description of property	(a) Cost or o			t or other		cumulated	(d	) Book va	alue
		basis (investi			(other)	• •	eciation	`	•	
	Land	<del>-   ` `                                </del>								
	Buildings	1						1		
	Leasehold improvements			9	35,627.		12,072	_	73	555.
					1,899.		04,516			383.
	Equipment Other			2,3	1,121.	44	<u>,</u>	1		121.
	. Add lines 1a through 1e. (Column (d) must e		· X colum	nn (R) line '			<u> </u>			059.
1 Uldi	. Add intes la initugni le. (Column (d) must e	guari Çiril 330, Part	المانانات واد	11116	, <u>, , , , , , , , , , , , , , , , , , </u>				<u> </u>	

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 PENNSYLVANI	A CERTIFIED	ORGANIC	23-2885447 Page 3
	t VII Investments - Other Securities.			
	Complete if the organization answered "Yes"		ne 11b. See Form 990, Part X, li	ne 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) F	inancial derivatives			
<b>(2)</b> C	Closely-held equity interests			
(3)	Other	A444044 P.O.		
(A	)			
(B	)			
(C	)			
<u>(D</u>	)			
(E	)			
(F	)			
(G	)			
(				A LANGE CO.
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Pai	t VIII Investments - Program Related.			ing 10
	Complete if the organization answered "Yes"	on Form 990, Part IV, li (b) Book value	ne 11c. See Form 990, Part X, III	ne 13. : Cost or end-of-year market value
	(a) Description of investment	(b) BOOK Value	(c) Metrod of Valuations	. Godf of Green Transcription
(1			*****	
(2				
(3				
(5				
(8				
(9				
	. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) > rt IX Other Assets.			
га	Complete if the organization answered "Yes"	on Form 990 Part IV 1	ine 11d. See Form 990. Part X. I	ine 15.
	Complete if the organization answered 163	Description		(b) Book value
	1)			
	2)	***		
	3)			
	5)			
	6)			
	7)			
	8)			
	9)			
	al. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>
	rt X Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, F	Part X, line 25.
1.	(a) Description of liability		(b) Book value	
	Federal income taxes		11-A-P-P-	
	2)			
	3)			
(	4)			
(	5)			
(	6)			
	7)	1		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

(8)

832054 10-29-18

PENNSYLVANIA CERTIFIED ORGANIC

23-2885447 Page 4

Schedule D (Form 990) 2018

#### SCHEDULE L

Department of the Treasury

#### Transactions With Interested Persons

(Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public

Inspection

Internal Revenue Service Name of the organization Employer identification number PENNSYLVANIA CERTIFIED ORGANIC 23-2885447 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \_\_\_\_\_\_ > \$\_ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \_\_\_\_\_\_ > \$\_\_\_ Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or (h) Approved (a) Name of (b) Relationship (c) Purpose (e) Original (i) Written (f) Balance due (g) ln by board or committee? from the interested person with organization default? agreement? of loan principal amount organization? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2018

	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.	<del>,</del>	143 Oh	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz reven	ues?
VASILIA Z LOPEZ	NIECE OF FORMER EXE	32,310.	EMPLOYEE OF	Yes	No X
			-		
Part V Supplemental Information.					
	onses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business 1	<u> Transactions Involvir</u>	ng Interest	ed Persons:	400Ki	
(a) Name of Person: VASIL	IA Z LOPEZ				·····
(b) D-1-+		1 0i	. 4		
(b) Relationship Between 1	Interested Person and	ı Organizat	:lon:		
NIECE OF FORMER EXECUTIVE	DIRECTOR		·		
(c) Amount of Transaction	č 20 210				
(C) Amount of Transaction	\$ 32,310.	anaton		•	
(d) Description of Transac	ction: EMPLOYEE OF PA	A CERTIFIED	ORGANIC		
(e) Sharing of Organization	on Revenues? = No				
(c) bligging of organization	<u> </u>				
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PENNSYLVANIA CERTIFIED ORGANIC

Employer identification number 23-2885447

Form 990, Part I, Line 1, Description of Organization Mission:
WORLD IN WHICH ALL COMMUNITIES ARE ENRICHED THROUGH ORGANIC FOOD AND
FARMING. OUR VALUES RECOGNIZE THE INTERDEPENDENT RELATIONSHIP BETWEEN
ALL OUR STAKEHOLDERS: CERTIFIED CLIENTS AND MEMBERS, EMPLOYEES AND
CONTRACTORS, PARTNER ORGANIZATIONS, AND THE COMMUNITY AND ENVIRONMENT.
Form 990, Part III, Line 1, Description of Organization Mission:
CLIENTS AND MEMBERS, EMPLOYEES AND CONTRACTORS, PARTNER ORGANIZATIONS,
AND THE COMMUNITY AND ENVIRONMENT.
Form 990, Part III, Line 4d, Other Program Services:
OPERATION UNDER VARIOUS GRANTS REGARDING MARKETING, SPECIALIZED  ASSISTANCE FOR DAIRY FARMERS, AND TRANSITIONING TO ORGANIC GRAINS
PRODUCTION.
Expenses \$ 273,901. including grants of \$ 0. Revenue \$ 28,299.
Form 990, Part VI, Section A, line 6:
THE ORGANIZATION HAS FIVE LEVELS OF MEMBERSHIP: CERTIFICATION MEMBERS
(FARMS THAT USE PCO FOR CERTIFICATION), ADVOCATE, SUSTAINABLE, BUSINESS AND
TRANSITIONING. EACH INDIVIDUAL MEMBER IS ENTITLED TO DIFFERENT BENEFITS AS
DEFINED BY THE ORGANIZATION.
Form 990, Part VI, Section A, line 7a:
CERTAIN MEMBERSHIP LEVELS ARE ENTITLED TO VOTING RIGHTS CONCERNING CERTAIN
PCO STANDARDS AND POLICIES.

Name of the organization PENNSYLVANIA CERTIFIED ORGANIC	Employer identification number 23-2885447
Form 990, Part VI, Section B, line 11b:	
FORM 990 IS PROVIDED TO PA CERTIFIED ORGANIC MANAGEMENT A	ND REVIEWED PRIOR
TO FILING.	
Form 000 Posts III. Gostion P. Time 12.	ANN COMMITTER STATE OF THE STAT
Form 990, Part VI, Section B, Line 12c:	ITEC
BOARD MEMBERS SUBJECT TO AN ANNUAL UPDATE OF RELATED PART	165
Form 990, Part VI, Section B, Line 15a:	
EXECUTIVE DIRECTORS' SALARY IS REVIEWED AND APPROVED BY T	HE BOARD OF
DIRECTORS	
Form 990, Part VI, Section C, Line 18:	
PA CERTIFIED ORGANIC'S FORM 990 IS AVAILABLE UPON REQUEST	AT THEIR MAIN
OFFICE IN SPRING MILLS, PA.	
Form 990, Part VI, Section C, Line 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINE	NCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST AT PA CERTIFIED ORGANIC'S MAIN	OFFICE IN SPRING
MILLS, PA	A A A A A A A A A A A A A A A A A A A
FORM 990, PART XI, LINE 2C	- January - Janu
THERE ARE NO CHANGES IN THE REVIEW PROCESS FROM THE PRIOR	YEAR.
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