

## Return of Organization Exempt From Income Tax

2007

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  
InspectionDepartment of the Treasury  
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Sep 1, 2007, and ending Aug 31, 2008

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type  
See  
specific  
instruc-  
tions.

C Name of organization

THE SECOND MILE

Number and street (or P O box if mail is not delivered to street addr) Room/suite

1402 SOUTH ATHERTON ST

City, town or country

State ZIP code + 4

STATE COLLEGE

PA 16801

D Employer Identification Number

23-2061185

E Telephone number

(814) 237-1719

F Accounting method:

☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☒ No

(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,822,840.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received:		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	3,219,219.
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 3,219,219. noncash \$ 0.)	1e	3,219,219.
2	Program service revenue including government fees and contracts (from Part VII, line 93).	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	156,941.
6a	Gross rents	6a	81,904.
b	Less: rental expenses	6b	64,146.
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	17,758.
7	Other investment income (describe ▶ UNREALIZED LOSS ON INVESTMENTS)	7	-178,145.
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
		1,165,525.	8a
b	Less: cost or other basis and sales expenses	1,183,026.	8b
c	Gain or (loss) (attach schedule) See L-8 Stmt.	-17,501.	8c
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-17,501.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	1,260,245.
b	Less: direct expenses other than fundraising expenses	9b	412,034.
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	848,211.
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	117,151.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	4,163,634.
13	Program services (from line 44, column (B)).	13	1,579,780.
14	Management and general (from line 44, column (C))	14	266,381.
15	Fundraising (from line 44, column (D))	15	376,396.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	2,222,557.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,941,077.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,252,291.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt.	20	64,255.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	8,257,623.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	<b>25a</b>	541,680.	344,508.	84,503.	112,669.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	675,562.	429,657.	105,388.	140,517.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	123,360.	78,457.	19,244.	25,659.
<b>29</b> Payroll taxes	<b>29</b>	108,582.	69,058.	16,939.	22,585.
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>				
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>	15,133.	10,030.	2,188.	2,915.
<b>34</b> Telephone	<b>34</b>	8,047.	3,321.	2,026.	2,700.
<b>35</b> Postage and shipping	<b>35</b>	42,914.	34,636.	3,099.	5,179.
<b>36</b> Occupancy	<b>36</b>	32,960.	21,171.	5,193.	6,596.
<b>37</b> Equipment rental and maintenance	<b>37</b>	14,888.	10,088.	1,500.	3,300.
<b>38</b> Printing and publications	<b>38</b>	40,922.	28,190.	4,194.	8,538.
<b>39</b> Travel	<b>39</b>	40,620.	28,512.	3,749.	8,359.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	1,880.	1,495.	165.	220.
<b>41</b> Interest	<b>41</b>	8,984.	5,714.	1,402.	1,868.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	38,644.	24,578.	6,028.	8,038.
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> ACTIVITIES & RECREATION	<b>43a</b>	15,485.	15,485.	0.	0.
<b>b</b> AUDIO VISUAL	<b>43b</b>	337.	337.	0.	0.
<b>c</b> AWARDS & SCHOLARSHIPS	<b>43c</b>	56,335.	56,335.	0.	0.
<b>d</b> CAMP COUNSELORS	<b>43d</b>	53,765.	53,765.	0.	0.
<b>e</b> CAMP FOOD & LODGING	<b>43e</b>	160,314.	160,314.	0.	0.
<b>f</b> CLOTHING	<b>43f</b>	9,576.	9,576.	0.	0.
<b>g</b> See Other Expenses Stmt	<b>43g</b>	232,569.	194,553.	10,763.	27,253.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	2,222,557.	1,579,780.	266,381.	376,396.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <input type="checkbox"/> PROVIDING OPPORTUNITIES FOR YOUNG PEOPLE TO DEVELOP POSITIVE All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> SUMMER CHALLENGE - CHALLENGE ACTIVITIES PROVIDED TO 760 CHILDREN AGES 8-17; "CERTIFICATES OF ACHIEVEMENT AND COMMUNITY SERVICE" AWARDED TO 560 PARTICIPANTS. ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	433,021.
<b>b</b> COMMUNITY EDUCATION - PROGRAMS TO HELP STUDENTS TO RESPOND PROACTIVELY TO NEGATIVE PEER PRESSURE & IMPROVE SELF-ESTEEM. 114 PRESENTATIONS TO 11,160 PARTICIPANTS; 36,950 MILESTONES DISTRIBUTED. ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	260,984.
<b>c</b> LEADERSHIP INSTITUTE - PROMOTES LEADERSHIP AND YOUTH VOICE WITH THE GOAL THAT STUDENTS USE THE SKILLS THEY LEARN TO IMPACT THEIR SCHOOLS AND COMMUNITIES. 319 PARTICIPANTS, 53 HIGH SCHOOL TEAMS. ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	203,525.
<b>d</b> FRIEND PROGRAM - PROVIDED EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR 542 YOUNG FRIENDS, ELEMENTARY SCHOOL CHILDREN FROM ALL OVER PENNSYLVANIA. ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	249,434.
<b>e</b> Other program services ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	432,816.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,579,780.

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Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	300.	<b>45</b>	300.
	<b>46</b> Savings and temporary cash investments	2,269,372.	<b>46</b>	4,638,620.
	<b>47a</b> Accounts receivable	<b>47a</b> 23,260.		
	<b>b</b> Less: allowance for doubtful accounts.	<b>47b</b> 0.	93,961.	<b>47c</b> 23,260.
	<b>48a</b> Pledges receivable	<b>48a</b> 2,514,087.		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0.	2,557,475.	<b>48c</b> 2,514,087.
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts.	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use.		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges.	14,074.	<b>53</b>	23,227.
	<b>54a</b> Investments — publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,084,692.	<b>54a</b>	855,826.
<b>b</b> Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>		
<b>55a</b> Investments — land, buildings, & equipment, basis.	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment, basis	<b>57a</b> 1,232,171.			
<b>b</b> Less: accumulated depreciation (attach schedule).	<b>57b</b> 492,399.	698,460.	<b>57c</b>	739,772.
<b>58</b> Other assets, including program-related investments (describe _____)		<b>58</b>		
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58	6,718,334.	<b>59</b>	8,795,092.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	216,015.	<b>60</b>	182,989.
	<b>61</b> Grants payable.		<b>61</b>	
	<b>62</b> Deferred revenue	91,650.	<b>62</b>	214,177.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	158,378.	<b>64b</b>	140,303.
	<b>65</b> Other liabilities (describe _____)		<b>65</b>	
	<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	466,043.	<b>66</b>	537,469.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	3,168,599.	<b>67</b>	3,309,678.
	<b>68</b> Temporarily restricted	3,083,692.	<b>68</b>	4,947,945.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds.		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	6,252,291.	<b>73</b>	8,257,623.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	6,718,334.	<b>74</b>	8,795,092.

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Form 990 (2007)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	4,597,639.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments . . . . .	<b>b1</b>	
2	Donated services and use of facilities . . . . .	<b>b2</b>	34,997.
3	Recoveries of prior year grants . . . . .	<b>b3</b>	
4	Other (specify): _____ DONATED (IN-KIND) MATERIALS _____	<b>b4</b>	399,008.
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	434,005.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	4,163,634.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
2	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	4,163,634.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	2,656,562.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities . . . . .	<b>b1</b>	34,997.
2	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
3	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
4	Other (specify): _____ DONATED (IN-KIND) MATERIALS _____	<b>b4</b>	399,008.
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	434,005.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	2,222,557.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
2	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	2,222,557.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DR. JACK RAYKOVITZ 1402 S. ATHERTON ST. STATE COLLEGE PA 16801	President/CEO 40.00	127,077.	6,354.	0.
DAN BRIGHT 811 UNIVERSITY DRIVE STATE COLLEGE, PA 16801	DIRECTOR 0.00	0.	0.	0.
NEAL RHOADS 1208 QUAIL HOLLOW ROAD HUMMELSTOWN, PA 17036-8529	DIRECTOR 0.00	0.	0.	0.
MS LINETTE COURTNEY 879 GREENBRIAR DRIVE STATE COLLEGE PA 16801	DIRECTOR 0.00	0.	0.	0.
MS LINDA GALL 131 BLACKBERRY LANE BOALSBURG PA 16827	DIRECTOR 0.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				



**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>82 b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 a</b>	<b>501(c)(4), (5), or (6)</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>85 c</b>	Dues, assessments, and similar amounts from members.	N/A	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86 a</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	N/A	
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities.	N/A	
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	N/A	
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>88 b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		
<b>89 e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
<b>90 a</b>	List the states with which a copy of this return is filed <u>See States Filed In</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	25	
<b>91 a</b>	The books are in care of <u>DR. JOHN RAYKOVITZ</u> Telephone number <u>(814) 237-1719</u> Located at <u>1402 S. ATHERTON ST. STATE COLLEGE PA</u> ZIP + 4 <u>16801</u>		
<b>91 b</b>	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)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92 ☐**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	156,941.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	16	17,758.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	-195,646.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	848,211.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b SPECIAL PROJECTS			1	117,151.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		17,758.		926,657.	
105 Total (add line 104, columns (B), (D), and (E))					944,415.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

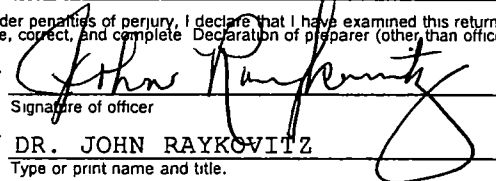
Yes No

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

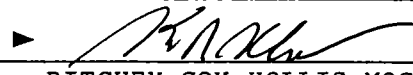
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

Yes No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Please Sign Here</b>	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.			
	 Signature of officer		1-15-09 Date	
	DR. JOHN RAYKOVITZ Type or print name and title.		PRESIDENT & CEO	

<b>Paid Preparer's Use Only</b>	Preparer's signature	 Date 1/13/09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) P00330660
	Firm's name (or yours if self-employed), address, and ZIP + 4 RITCHEY COX HOLLIS MOCK & KLEIN 315 S ALLEN ST STE 117 STATE COLLEGE PA 16801-4848	EIN 25-1778066 Phone no. (814) 238-5555		

BAA

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

**2007**

Name of the organization

THE SECOND MILE

Employer identification number

23-2061185

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MS KATHERINE GENOVESE 54 ROSSLYN ROAD BOALSBURG PA 16827	V.P. OF PROGRAMS 40.00	96,237.	4,811.	0.
MR. HENRY LESCH 108 SEATON DRIVE STATE COLLEGE PA 16801	V P OF ADMINISTRATIVE 40.00	72,385.	3,619.	0.
MS. SUZANNE YOUNG 80 FORGE MT DRIVE VALLEY FORGE PA 19481	40.00	56,942.	0.	0.
MS. KATHY ANDERSON-MARTIN 124 FARMHOUSE DR CAMP HILL PA 17011	40.00	52,884.	1,023.	0.
MR. MARC H MCCANN 108 GARDNER LANE STATE COLLEGE PA 16801	40.00	60,331.	3,017.	0.
Total number of other employees paid over \$50,000 ►	NONE			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JERRY SANDUSKY 130 Grandview Drive, State College, PA 16801	CONSULTING	57,000.
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ►	NONE	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ►	NONE	

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ \_\_\_\_\_  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . .

2c X

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d X

e Transfer of any part of its income or assets? . . . . .

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments. See Line 3a Stmt

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

0.

**Part IV** Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:   
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,358,769.	1,329,465.	2,764,997.	1,275,331.	6,728,562.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, ams rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	141,964.	49,931.	20,177.	10,599.	222,671.
19 Net income from unrelated business activities not included in line 18	-862.	-309.	-1,557.	-4,697.	-7,425.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,499,871.	1,379,087.	2,783,617.	1,281,233.	6,943,808.
24 Line 23 minus line 17	1,499,871.	1,379,087.	2,783,617.	1,281,233.	6,943,808.
25 Enter 1% of line 23	14,999.	13,791.	27,836.	12,812.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					26a 138,876.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					26b 183,363.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					26c 6,943,808.
d Add: Amounts from column (e) for lines: 18 222,671. 19 -7,425.					26d 398,609.
22 26b 183,363.					26e 6,545,199.
e Public support (line 26c minus line 26d total)					26f 94.26 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	(2006) _____ (2005) _____ (2004) _____ (2003) _____				
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006) _____ (2005) _____ (2004) _____ (2003) _____				
c Add: Amounts from column (e) for lines: 15 _____ 16 _____	17 _____ 20 _____	21 _____			27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f _____					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is —</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.





Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2007**Attachment  
Sequence No **67**

Name(s) shown on return

THE SECOND MILE

Identifying number

23-2061185

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	38,644.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	38,644.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Schedule of Gains and Losses from  
Sale of Assets Other than Inventory**

**2007**

▶ Attach to return

Name THE SECOND MILE	Employer Identification Number 23-2061185
-------------------------	--

**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
Publicly Traded Securities	1,165,525.	Cost	1,183,026.
		Selling Expenses	0.
		Basis	1,183,026.

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

<b>Total Securities</b>	1,165,525.		1,183,026.
-------------------------	------------	--	------------

<b>Gain or (Loss) from Sale of Securities</b>	-17,501.
---	----------

**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	

<b>Total Other Assets</b>			
---------------------------	--	--	--

<b>Gain or (Loss) from Sale of Other Assets</b>	
---	--

**Form 990**  
Part II, Line 25a

**Compensation of Current Officers, Directors,  
Key Employees, Etc.**

**2007**

Name as Shown on Return  
THE SECOND MILE

Employer Identification No  
23-2061185

**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. JACK RAYKOVITZ	<input type="checkbox"/>	127,077.	80,821.	19,824.	26,432.
DAN BRIGHT	<input type="checkbox"/>	0.			
NEAL RHOADS	<input type="checkbox"/>	0.			
MS LINETTE COURTNEY	<input type="checkbox"/>	0.			
See Compensation	<input type="checkbox"/>				
Total Compensation Received		522,856.	332,536.	81,566.	108,754.

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. JACK RAYKOVITZ	<input type="checkbox"/>	6,354.	4,040.	990.	1,324.
DAN BRIGHT	<input type="checkbox"/>	0.			
NEAL RHOADS	<input type="checkbox"/>	0.			
MS LINETTE COURTNEY	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans	<input type="checkbox"/>				
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		18,824.	11,972.	2,937.	3,915.

**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. JACK RAYKOVITZ	<input type="checkbox"/>	0.			
DAN BRIGHT	<input type="checkbox"/>	0.			
NEAL RHOADS	<input type="checkbox"/>	0.			
MS LINETTE COURTNEY	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances	<input type="checkbox"/>				
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a		541,680.	344,508.	84,503.	112,669.

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DUES & SUBSCRIPTIONS	1,437.	961.	204.	272.
ELECTRICITY	1,758.	1,118.	274.	366.
FEES & PERMITS	14,837.	9,457.	2,306.	3,074.
FOOD	8,544.	8,544.	0.	0.
FURNITURE & FIXTURES	602.	91.	219.	292.
INSURANCE	22,337.	14,207.	3,484.	4,646.
MAINTENANCE & REPAIR	23,319.	16,103.	1,950.	5,266.
MEDICAL COSTS	2,215.	2,215.	0.	0.
OFFICE REPRODUCTION	5,669.	5,314.	70.	285.
PROFESSIONAL FEES	39,078.	27,747.	2,256.	9,075.
PROGRAM SERVICES	71,073.	71,073.	0.	0.
STEWARDSHIP	3,977.	0.	0.	3,977.
TRANSPORTATION	37,723.	37,723.	0.	0.
Total	232,569.	194,553.	10,763.	27,253.

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X MR. JOHN GREENE 121 JENJO DRIVE BELLEFONTE PA 16823	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X MR. KENNETH EWING PO BOX 56 NEWPORT PA 17074	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X MR. BRUCE HEIM 444 EAST COLLEGE AVE #560 STATE COLLEGE PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X MR. JACK INFELD 1965 WADDLE ROAD STATE COLLEGE PA 16803	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X MR. RICK KARCHER 180 REGENT COURT, SUITE 102 STATE COLLEGE PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X MS LAURENE KECK 456 CANDLEWOOD DR. STATE COLLEGE PA 16801	DIRECTOR 0.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. ALAN KIRK, ESQUIRE 326 INNOVATION BLVD, STE 200 STATE COLLEGE PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. RALPH LICASTRO 745 W. FOSTER AVE STATE COLLEGE PA 16801	TREASURER 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. MICHAEL KUNTZ 1835 MARKET STREET PHILA PA 19103	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS RENEE MARKS 330 CAROGIN DR. STATE COLLEGE PA 16803	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. BILL MARTIN 3949 S. ATHERTON ST. STATE COLLEGE PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS KIM ORTENZIO-NIELSEN 1756 MARLIN RIDGE CAMP HILL PA 17011	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS. DOROTHY HUCK 233 LIONS HILL ROAD STATE COLLEGE, PA 16803	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRAD LUNSFORD CENTRE COUNTY COURT HOUSE BELLEFONTE PA 16823	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. BOB POOLE 2121 OLD GATESBURG RD STATE COLLEG PA 16803	CHAIRMAN 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS NANCY RING 203 EAST WILLOWOOD COURT PORT MATILDA PA 16870	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. JERRY SANDUSKY 130 GRANDVIEW DRIVE STATE COLLEGE PA 16801	DIRECTOR 0.00	57,000.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS DRUEANNE SCHREYER 108 S. NIXON RD. STATE COLLEGE, PA 16801	DIRECTOR 0.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. STEVEN SELTZER				
133 SABBATH REST ROAD	SECRETARY			
ALTOONA PA 16601	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. ED LAUTH				
485 SCENERY PARK DR	DIRECTOR			
STATE COLLEGE, PA 16801	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
DR. JOHN SHERIDAN				
111 OAKWOOD DRIVE	DIRECTOR			
STATE COLLEGE PA 16801	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. LARRY SNAVELY				
300 S. ALLEN ST, STE 401	DIRECTOR			
STATE COLLEGE PA 16801	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. LEWIS STEINBERG, ESQ				
333 NORTH VESPER ST.	DIRECTOR			
LOCK HAVEN PA 17745	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. FRED STROUSE				
162 TUSSEYVIEW LN.	DIRECTOR			
CENTRE HALL PA 16828	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. RICHARD STRUTHERS				
1100 NORTH KING ST.	DIRECTOR			
WILMINGTON DE 19884	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. MICHAEL SULLIVAN				
301 ROLLING RIDGE DRIVE	DIRECTOR			
BELLEFONTE PA 16823	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. MICHAEL TROMBLEY				
636 WILTSHIRE DRIVE	DIRECTOR			
STATE COLLEGE PA 16803	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. PETER WEILER				
105 OLD MAIN	DIRECTOR			
UNIV. PARK PA 16802	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MR. DREW GARBAN				
PO BOX 233	DIRECTOR			
STATE COLLEGE, PA 16804	0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MS. CAROL HERRMANN				
122 ABBOTT LANE	DIRECTOR			
STATE COLLEGE, PA 16801	0.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. TOM KNEPLEY 130 E. LAFAYETTE STREET WEST CHESTER, PA 19380	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. HARRY K. SICKLER PO BOX 12 TYRONE, PA 16686	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. JAMES SWISTOCK 110 REGENT COURT STATE COLLEGE, PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. ALEC PRINGLE 637 E McCORMICK AVE STATE COLLEGE, PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MR. DAVID WOODLE 429 BRANDYWINE DR. STATE COLLEGE, PA 16803	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS. KATHERINE E GENOVES 714 ROSSLYN ROAD BOALSBURG, PA 16827	EMPLOYEE 40.00	96,237.	4,811.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS. HEIDI NICHOLAS 750 S. ATHERTON STREET STATE COLLEGE, PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HENRY LESCH 108 SEATON DRIVE STATE COLLEGE, PA 16801	EMPLOYEE 40.00	72,385.	3,619.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARC H MCCANN 108 GARDNER LANE STATE COLLEGE, PA 16801	EMPLOYEE 40.00	60,331.	3,017.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MS. SUZANNE YOUNG 80 FORGE MOUNTAIN ROAD VALLEY FORGE, PA 19481	EMPLOYEE 40.00	56,942.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BENJAMIN HEIM 444 EAST COLLEGE AVE STATE COLLEGE, PA 16801	DIRECTOR 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KATHY ANDERSON-MARTIN 3811 CARRIAGE HOUSE DR CAMP HILL, PA 17011	EMPLOYEE 40.00	52,884.	1,023.	0.

Form 990. Part VI, Page 7, Line 90a

**States Filed In**

Pennsylvania

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
TSM GOLF CLASSIC	283,412.	0.	283,412.	140,294.	143,118.
SOUTHWEST GOLF	160,507.	0.	160,507.	41,878.	118,629.
ANNIV. DRAWING	121,105.	0.	121,105.	53,415.	67,690.
LEHIGH VALLEY BANQT	82,939.	0.	82,939.	16,778.	66,161.
SOUTHCEN. GOLF	95,106.	0.	95,106.	32,846.	62,260.
CELEBRATN OF EXCEL	140,556.	0.	140,556.	23,480.	117,076.
CHESTER GOLF	53,585.	0.	53,585.	19,725.	33,860.
ART AUCTION	47,447.	0.	47,447.	7,755.	39,692.
BLAIR CTY DRWG	97,070.	0.	97,070.	37,143.	59,927.
CLINTON CTY SPORTS	51,017.	0.	51,017.	4,754.	46,263.
YORK GOLF	28,647.	0.	28,647.	9,009.	19,638.
BERKS CTY BANQT	21,480.	0.	21,480.	6,281.	15,199.
CLEARFIELD MONTE CARLO	6,337.	0.	6,337.	2,115.	4,222.
LANCASTER BANQT	7,907.	0.	7,907.	2,305.	5,602.
CLEARFIELD BANQUET	11,273.	0.	11,273.	2,750.	8,523.
CLINTON COUNTY POKER NIGHT	2,870.	0.	2,870.	0.	2,870.
SE CELEBRATION	48,987.	0.	48,987.	11,506.	37,481.
Total	<u>1,260,245.</u>	<u>0.</u>	<u>1,260,245.</u>	<u>412,034.</u>	<u>848,211.</u>

Form 990, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
DONATED SERVICES IN "CONSTRUCTION IN PROGRESS"	64,255.
Total	<u>64,255.</u>

Form 990, Part II, Line 25a

**Compensation**

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MS LINDA GALL	<input type="checkbox"/>	0.			
MR. JOHN GREENE	<input type="checkbox"/>	0.			
MR. KENNETH EWING	<input type="checkbox"/>	0.			
MR. BRUCE HEIM	<input type="checkbox"/>	0.			
MR. JACK INFELD	<input type="checkbox"/>	0.			
MR. RICK KARCHER	<input type="checkbox"/>	0.			
MS LAURENE KECK	<input type="checkbox"/>	0.			



Form 990, Part II, Line 25a

Continued

**Compensation**

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MR. ALAN KIRK, ESQUIRE	<input type="checkbox"/>	0.			
MR. RALPH LICASTRO	<input type="checkbox"/>	0.			
MR. MICHAEL KUNTZ	<input type="checkbox"/>	0.			
MS RENEE MARKS	<input type="checkbox"/>	0.			
MR. BILL MARTIN	<input type="checkbox"/>	0.			
MS KIM ORTENZIO-NIELSEN	<input type="checkbox"/>	0.			
MS. DOROTHY HUCK	<input type="checkbox"/>	0.			
BRAD LUNSFORD	<input type="checkbox"/>	0.			
MR. BOB POOLE	<input type="checkbox"/>	0.			
MS NANCY RING	<input type="checkbox"/>	0.			
MR. JERRY SANDUSKY	<input type="checkbox"/>	57,000.	36,251.	8,892.	11,857.
MS DRUEANNE SCHREYER	<input type="checkbox"/>	0.			
MR. STEVEN SELTZER	<input type="checkbox"/>	0.			
MR. ED LAUTH	<input type="checkbox"/>	0.			
DR. JOHN SHERIDAN	<input type="checkbox"/>	0.			
MR. LARRY SNAVELY	<input type="checkbox"/>	0.			
MR. LEWIS STEINBERG, ESQ	<input type="checkbox"/>	0.			
MR. FRED STROUSE	<input type="checkbox"/>	0.			
MR. RICHARD STRUTHERS	<input type="checkbox"/>	0.			
MR. MICHAEL SULLIVAN	<input type="checkbox"/>	0.			
MR. MICHAEL TROMBLEY	<input type="checkbox"/>	0.			
MR. PETER WEILER	<input type="checkbox"/>	0.			
MR. DREW GARBAN	<input type="checkbox"/>	0.			
MS. CAROL HERRMANN	<input type="checkbox"/>	0.			
MR. TOM KNEPLEY	<input type="checkbox"/>	0.			
MR. HARRY K. SICKLER	<input type="checkbox"/>	0.			
MR. JAMES SWISTOCK	<input type="checkbox"/>	0.			
MR. ALEC PRINGLE	<input type="checkbox"/>	0.			
MR. DAVID WOODLE	<input type="checkbox"/>	0.			
MS. KATHERINE E GENOVES	<input type="checkbox"/>	96,237.	61,207.	15,013.	20,017.
MS. HEIDI NICHOLAS	<input type="checkbox"/>	0.			
HENRY LESCH	<input type="checkbox"/>	72,385.	46,037.	11,292.	15,056.
MARC H MCCANN	<input type="checkbox"/>	60,331.	38,371.	9,412.	12,548.
MS. SUZANNE YOUNG	<input type="checkbox"/>	56,942.	36,215.	8,883.	11,844.
BENJAMIN HEIM	<input type="checkbox"/>	0.			
KATHY ANDERSON-MARTIN	<input type="checkbox"/>	52,884.	33,634.	8,250.	11,000.
Total		<u>395,779.</u>	<u>251,715.</u>	<u>61,742.</u>	<u>82,322.</u>

Form 990, Part II, Line 25a

**Employee Benefit Plans & Deferred Compensation Plans**

Contributions to Employee Benefit Plans & Deferred Compensation Plans					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MS LINDA GALL	<input type="checkbox"/>	0.			
MR. JOHN GREENE	<input type="checkbox"/>	0.			

Form 990, Part II, Line 25a

Continued

**Employee Benefit Plans & Deferred Compensation Plans****Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MR. KENNETH EWING		0.			
MR. BRUCE HEIM		0.			
MR. JACK INFELD		0.			
MR. RICK KARCHER		0.			
MS LAURENE KECK		0.			
MR. ALAN KIRK, ESQUIRE		0.			
MR. RALPH LICASTRO		0.			
MR. MICHAEL KUNTZ		0.			
MS RENEE MARKS		0.			
MR. BILL MARTIN		0.			
MS KIM ORTENZIO-NIELSEN		0.			
MS. DOROTHY HUCK		0.			
BRAD LUNSFORD		0.			
MR. BOB POOLE		0.			
MS NANCY RING		0.			
MR. JERRY SANDUSKY		0.			
MS DRUEANNE SCHREYER		0.			
MR. STEVEN SELTZER		0.			
MR. ED LAUTH		0.			
DR. JOHN SHERIDAN		0.			
MR. LARRY SNAVELY		0.			
MR. LEWIS STEINBERG, ESQ		0.			
MR. FRED STROUSE		0.			
MR. RICHARD STRUTHERS		0.			
MR. MICHAEL SULLIVAN		0.			
MR. MICHAEL TROMBLEY		0.			
MR. PETER WEILER		0.			
MR. DREW GARBAN		0.			
MS. CAROL HERRMANN		0.			
MR. TOM KNEPLEY		0.			
MR. HARRY K. SICKLER		0.			
MR. JAMES SWISTOCK		0.			
MR. ALEC PRINGLE		0.			
MR. DAVID WOODLE		0.			
MS. KATHERINE E GENOVES		4,811.	3,060.	751.	1,000.
MS. HEIDI NICHOLAS		0.			
HENRY LESCH		3,619.	2,302.	565.	752.
MARC H MCCANN		3,017.	1,919.	471.	627.
MS. SUZANNE YOUNG		0.			
BENJAMIN HEIM		0.			
KATHY ANDERSON-MARTIN		1,023.	651.	160.	212.
Total		<u>12,470.</u>	<u>7,932.</u>	<u>1,947.</u>	<u>2,591.</u>

Form 990, Part II, Line 25a

**Expense Account and Other Allowances****Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MS LINDA GALL		0.			
MR. JOHN GREENE		0.			
MR. KENNETH EWING		0.			
MR. BRUCE HEIM		0.			
MR. JACK INFELD		0.			
MR. RICK KARCHER		0.			
MS LAURENE KECK		0.			
MR. ALAN KIRK, ESQUIRE		0.			
MR. RALPH LICASTRO		0.			
MR. MICHAEL KUNTZ		0.			
MS RENEE MARKS		0.			
MR. BILL MARTIN		0.			
MS KIM ORTENZIO-NIELSEN		0.			
MS. DOROTHY HUCK		0.			
BRAD LUNSFORD		0.			
MR. BOB POOLE		0.			
MS NANCY RING		0.			
MR. JERRY SANDUSKY		0.			
MS DRUEANNE SCHREYER		0.			
MR. STEVEN SELTZER		0.			
MR. ED LAUTH		0.			
DR. JOHN SHERIDAN		0.			
MR. LARRY SNAVELY		0.			
MR. LEWIS STEINBERG, ESQ		0.			
MR. FRED STROUSE		0.			
MR. RICHARD STRUTHERS		0.			
MR. MICHAEL SULLIVAN		0.			
MR. MICHAEL TROMBLEY		0.			
MR. PETER WEILER		0.			
MR. DREW GARBAN		0.			
MS. CAROL HERRMANN		0.			
MR. TOM KNEPLEY		0.			
MR. HARRY K. SICKLER		0.			
MR. JAMES SWISTOCK		0.			
MR. ALEC PRINGLE		0.			
MR. DAVID WOODLE		0.			
MS. KATHERINE E GENOVES		0.			
MS. HEIDI NICHOLAS		0.			
HENRY LESCH		0.			
MARC H MCCANN		0.			
MS. SUZANNE YOUNG		0.			
BENJAMIN HEIM		0.			
KATHY ANDERSON-MARTIN		0.			

Total

0.

Form 990, Page 4, Part IV, Line 54a

**Investments - Publicly-Traded Securities Statement**

Description	Cost or FMV	Beginning of Year	End of Year
EQUITY MUTUAL FUNDS	FMV	811,899.	697,873.
FIXED INCOME MUTUAL FUNDS	FMV	172,793.	157,953.
CERTIFICATE DEPOSIT	FMV	100,000.	0.
Total		<u>1,084,692.</u>	<u>855,826.</u>

Form 990, Part V-A, Line 75b

**Relationship Schedule**

Name 1	<u>MR. ROBERT POOLE</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Name 2	<u>MS. CAROL HERRMANN</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Relationship	<u>MR. POOLE IS CEO OF S&amp;A CUSTOM HOMES, INC AND MS. HERRMANN IS S&amp;A CUSTOM HOMES, INC V-PRES OF ADMINISTRATION.</u>				
Name 1	<u>MR. BRUCE HEIM</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Name 2	<u>MR. MICHAEL TROMBLEY</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Relationship	<u>MR. HEIM IS OWNER KEYSTONE REAL ESTATE GROUP. MR. TROMBLEY IS PRESIDENT KEYSTONE REAL ESTATE GROUP.</u>				
Name 1	<u>MR. BRUCE HEIM</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Name 2	<u>MR. BENJAMIN HEIM</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Relationship	<u>MR. BRUCE HEIM AND MR. BENJAMIN HEIM ARE RELATED BY FAMILY.</u>				
Name 1	<u>MR. JOHN RAYKOVITZ</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>PRESIDENT &amp; CEO</u>				
Name 2	<u>MS. KATHERINE GENOVESE</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>V-PRES OF PROGRAMS</u>				
Relationship	<u>MR. RAYKOVITZ AND MS. GENOVESE ARE RELATED BY MARRIAGE.</u>				

Explanation Statement

Form/Line: Schedule A, Page 2, Part III

Line 3a

Explanation of: How We Determine Which Recipients Qualify to Receive Payments

COLLEGE SCHOLARSHIPS ARE AWARDED TO PERSONS WHO PREVIOUSLY WERE PARTICIPANTS IN THE SECOND MILE PROGRAMS. THE PARTICIPANTS ARE LOW INCOME OR OTHERWISE DISADVANTAGED PERSONS. DURING THIS FISCAL YEAR, EACH APPLICANT APPLYING FOR AN AVAILABLE SCHOLARSHIP WAS AWARDED A SCHOLARSHIP.