## Citizen Audit.org

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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

WALNUT CREEK RIFLE CLUB

As Filed Data -

DLN: 93492132017121

D Employer identification number

25-1837109

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

Address change

## **Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 12-31-2010

**Open to Public** Inspection

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) R	oom/suite	<b>E</b> Telephone numb	er	
	ntial ret		PO BOX 8412		(814) 8	56-9606	
	erminat		City or town, state or country, and ZIP + 4		, ,		
_		d return on pending	ERIE, PA 16505		F Group Exemptio Number ►	n	
I А	ррисати	on penaing					
G A c	count	ting method	Cash				
			EEKRIFLECLUB COM	_   н	I Check ► 🔽 ı	f the o	rganization is <b>not</b>
J Tax	-Exem	<b>pt status</b> (check	only one)— 501(c)(3)  501(c)(7)  4(insert no ) 4947(a)(1) or 55	27	required to atta (Form 990, 99		
KCH	neck 🕨	If the orga	anization is not a section 509(a)(3) supporting organization <b>and</b> it	s gross re	eceipts are norma	lly <b>not</b>	more than
	•		-EZ or Form 990 return is not required though Form 990-N (e-po	stcard) m	ay be required (s	ee inst	ructions) But if the
			to file a return, be sure to file a complete return  o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total assets	(Part II. line 25. coli	ımn (B)	below) are \$500,000 or
			d of Form 990-EZ	total assets	► \$	(5)	41,982
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund Ba e organization used Schedule O to respond to any question in this		(See the instruct	ons fo	r Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	463
	2	Program serv	vice revenue including government fees and contracts			2	751
	3	Membership	dues and assessments			3	26,705
	4	Investmentı	income			4	1,049
	   5a	Gross amour	nt from sale of assets other than inventory	5a			· · ·
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	c	Gain or (loss	· ·) from sale of assets other than inventory (Subtract line 5b from l	ıne 5a)		5c	
Şek	6	Gaming and					
	a	<u>-</u>	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	Ь		1				
	ן י		ne from fundraising events (not including \$ <u>11,514</u> of contributions ine 1) (attach Schedule G if the sum of such gross income and co				
	c c	Less direct	expenses from gaming and fundraising events	6c	10,929		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	585
	7a	Gross sales	of inventory, less returns and allowances	7a			_
	ь	Less cost of	fgoods sold	7b		1	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther revenu	ue (describe in Schedule O)			8	1,500
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	31,053
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O )		-	10	2,127
	11	Benefits paid	to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ů,	13	Professional	fees and other payments to independent contractors			13	1,187
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	2,663
Š	15	Printing, pub	lications, postage, and shipping			15	
ш	16	Other expen	ses (describe in Schedule O)			16	13,670
	17	Total expens	ses. Add lines 10 through 16			17	19,647
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	11,406
etAssets	19	•	or fund balances at beginning of year (from line 27, column (A)) (m	ust aaree	with		,
ą.			figure reported on prior year's return)			19	88,116
Ret	20	•	es in net assets or fund balances (explain in Schedule O)		-	20	00,110
•	21	-	or fund balances at end of year Combine lines 18 through 20		•	21	99,522
		455665 0		<u> </u>	· · ·		

Part II Balance Sheets Check if the organization use	d Schedule O to respond to	any question in this	s Part II		F
(See the instru	ctions for Part II)	Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗀	81,400	22	93,475
23 Land and buildings		🕇	·	23	·
24 Other assets (describe in Schedule (	0)		6,716	24	6,047
25 Total assets		🗀	88,116	25	99,522
26 Total liabilities (describe in Schedule	eO)		0		0
27 Net assets or fund balances (line 27	,	th line 21)	88,116	27	99,522
Check if the organization uses  What is the organization's primary exemp TO ENCOURAGE RECREATIONAL RIFL STATES RESIDING IN OUR COMMUNIT HANDLING AND RESPONSIBLE USE OF Describe what was achieved in carrying of describe the services provided, the numb	ed Schedule O to respond to t purpose? E AND PISTOL SHOOTING TY, WITH A VIEW TO WARD F FIREARMS, AS WELL AS I ut the organization's exempt	AMONG CITIZEN A BETTER KNOWI MPROVED MARKS t purposes In a cle	IS OF THE UNITED LEDGE ON THE SAFE MANSHIP ar and concise manner,	(c)( orga 494 opti	Expenses quired for section 501 (3) and 501(c)(4) anizations and section (47(a)(1) trusts, conal for others)
program title  28 RECREATIONAL RIFLE AND PISTOL (Grants \$ 0) If the	SHOOTING AND PROMOT			28a	0
(Grants \$ ) If th	nıs amount ıncludes foreıgn (	grants, check here	▶┌	29a	
(Grants \$ ) If the state of the	nis amount includes foreign (	grants, check here	<b>▶</b> ┌	30a	
(Grants \$ )	nis amount includes foreign (	grants, check here	▶ ┌	31a	
32 Total program service expenses (add II				32	
Part IV List of Officers, Directors, Tr Check if the organization use				truction •	s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	on (d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances
See Additional Data Table					

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a	Yes	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
b	Section 4911, section 4912, section 4955	40Ь		
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ► MAX ROGERS  PO BOX 8412  Telephone no	<b>►</b> <u>(81</u>	4)866	-9606
		<b>►</b> <u>16</u>	5506	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	N.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νο
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	ınstead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		Νο
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	444		

orm 990	-EZ (2010)							Page 4
							Yes	No
	ny related organization a control ,' Form 990 and Schedule R must b		_	of section 51	2(b)(13)? <i>If</i>	45		No
	the organization receive any pay aning of section 512(b)(13)? <i>If</i> 'Y					45a		No
	the organization engage, directly didates for public office? If "Yes,'			behalf of or in	n opposition to	46		No
Part VI	Section 501(c)(3) orga	anizations and sec	tion 4947(a)(1) no	nexempt o	haritable tr		nlv.	110
	All section 501(c)(3) orga 47-49b and 52.			-			-	stions
	Check if the organization use	d Schedule O to respon	d to any question in this	Part VI .		<u></u>		<u> </u>
							Yes	No
<b>7</b> Did	the organization engage in lobby	ing activities? If "Yes,"	complete Schedule C, P	art II		47		
<b>8</b> Istl	he organization a school describe	ed in section 170(b)(1)(	A)(II)? If "Yes," complete	Schedule E		48		
<b>9a</b> Did	the organization make any transf	ers to an exempt non-cl	narıtable related organız	atıon?		49a		
<b>b</b> If"Y	Yes," was the related organization	n a section 527 organiza	ation?			49b		
<b>0</b> Com	nplete this table for the organizat	ıon's five highest compe	nsated employees (othe	er than officer	s, directors, trus	stees a	ınd key	
emp	ployees) who each received more							
	e and address of each employee aıd more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	a	e) Exper count a rallowa	and
<b>50(f)</b> To	otal number of other employees p	aid over \$100,000 .				<b>.</b>		
<b>50(f)</b> ⊤o	otal number of other employees p	aid over \$100,000 .				•		
<b>i1</b> Com	nplete this table for the organizat	ion's five highest compe	•	· · ·	• • • • • • • • • • • • • • •	►nore th	an \$10	0,000
61 Com		ion's five highest compe on Ifthere is none, ente	r "None "		• each received n e of service		an \$10 Compen	·
61 Com	nplete this table for the organizat ompensation from the organizatio	ion's five highest compe on Ifthere is none, ente	r "None "					·
i1 Com	nplete this table for the organizat ompensation from the organizatio	ion's five highest compe on Ifthere is none, ente	r "None "					
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61 Com	nplete this table for the organizat ompensation from the organizatio	ion's five highest compe on Ifthere is none, ente	r "None "					<i>,</i>
<b>51</b> Com	nplete this table for the organizat ompensation from the organizatio	ion's five highest compe on Ifthere is none, ente	r "None "					
61 Com of co (a) N	nplete this table for the organizat ompensation from the organizatio	ion's five highest compe on If there is none, ente endent contractor paid m	r "None " nore than \$100,000					·
51 Com of co (a) N 51(d) To 52 D	nplete this table for the organization from the organization from the organization Name and address of each independent of the organization complete Sch	contractors each received	r "None " nore than \$100,000  ing over \$100,000 .	( <b>b</b> ) Type	e of service	(c) C	ompen	sation
51 Com of co (a) N 51(d) To m	nplete this table for the organization from the organization from the organization Name and address of each independent of the organization complete Schedule	contractors each received.	r "None " nore than \$100,000  ing over \$100,000	(b) Type	e of service	npt cha	aritable <b>/es</b>	sation trusts <b>No</b>
(a) f (a) f (b) To (c) D mander pensiowledge	nplete this table for the organization from the organization from the organization Name and address of each independent of the organization complete School the organ	contractors each received a	r "None " nore than \$100,000  ing over \$100,000  ion 501(c)(3) organizat	(b) Type	e of service	npt cha	aritable (es [	trusts <b>No</b>
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of Com of Co (a) N (a) N (b) To (c) D m nowledge nowledge	nplete this table for the organization from the organization Name and address of each independent of the organization complete Schoust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct, and complete Schools and belief it is true, correct it	contractors each received a	r "None " nore than \$100,000  ing over \$100,000  ion 501(c)(3) organizat	(b) Type	e of service	npt cha	aritable (es [	trusts <b>No</b>
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si(d) To  (a) N  si(d) To  si2 D  m  nder pens nowledge nowledge	nplete this table for the organization ompensation from the organization Name and address of each independent and the organization complete Schoust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schools.  ****** Signature of officer  MAX ROGERS TREASURER Type or print name and title  Preparer's signature  ALBERT J ISACKS CPA	contractors each received a A	r "None " nore than \$100,000  Ing over \$100,000  Ion 501(c)(3) organizat	(b) Type	e of service	mpt cha	aritable (es [	trusts No r has an
51 Comof com	nplete this table for the organization ompensation from the organization Name and address of each independent and the organization complete Schoust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schools.  ****** Signature of officer  MAX ROGERS TREASURER Type or print name and title  Preparer's signature  ALBERT J ISACKS CPA  *****  *****  *****  *****  *****  ****	contractors each received a A	r "None " nore than \$100,000  Ing over \$100,000  Ion 501(c)(3) organizat	(b) Type	7 (a)(1) nonexer tatements, and to all information of	mpt cha	aritable (es [	trusts No r has an
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As Filed Data -

DLN: 93492132017121

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization WALNUT CREEK RIFLE CLUB

Employer identification number

25-1837109

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 1,049 TOTAL TO FORM 990-EZ, LINE 14 2,663

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION BILLBOARD RENTAL AMOUNT 1,500

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID		ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME NRA PROPERTY DESCRIPTION CASH AMOUNT GIVEN 500

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	,,	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME NRA-ILA PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	l ' '	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME FIREMAN PROPERTY DESCRIPTION CASH AMOUNT GIVEN 300

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART I,	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME MISCELLANEOUS
AMOUNTS PAID	LINE 10	PROPERTY DESCRIPTION CASH AMOUNT GIVEN 350

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	,	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME SHOOTING SPORTS PROPERTY DESCRIPTION CASH AMOUNT GIVEN 227 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,127

ldentifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 669 DESCRIPTION OTHER EXPENSES AMOUNT 1,994

ldentifier	Return Reference	Explanation		
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION REAL ESTATE TAXES AMOUNT 3,601 DESCRIPTION POSTAGE AMOUNT 1,540 DESCRIPTION RANGE MAINTENANCE AMOUNT 4,447 DESCRIPTION MISCELLANEOUS AMOUNT 587 DESCRIPTION INSURANCE AMOUNT 3,495 TOTAL TO FORM 990-EZ, LINE 16 13,670		

ldentifier	Return Reference	Explanation			
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 6,716 END OF YEAR AMOUNT 6,047			

## **TY 2010 Transfers Personal Benefits Contracts Declaration**

Name: WALNUT CREEK RIFLE CLUB

**EIN:** 25-1837109

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

Software ID: Software Version:

**EIN:** 25-1837109

Name: WALNUT CREEK RIFLE CLUB

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
CLIFF SNYDER P O BOX 8412 ERIE,PA 16505	VICE PRESIDENT 1 00	0	0	0
MAX ROGERS P O BOX 8412 ERIE,PA 16505	TREASURER 1 00	0	0	0
WILLIAM STEPHENS P O BOX 8412 ERIE,PA 16505	PRESIDENT 1 00	0	0	0
WALT ROBERTSON P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
JAN MCINCHAK P O BOX 8412 ERIE,PA 16505	SECRETARY 1 00	0	0	0
NEIL SHEA P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
WILLIAM BARRON P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
JOHN MCINCHAK P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
DON ELLSWORTH P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
JIM DEVINE P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
DOUGLAS BOLDT P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0
MICKEY MCBRIDE P O BOX 8412 ERIE,PA 16505	DIRECTOR 1 00	0	0	0