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CLIENT'S COPY



Malin, Bergquist & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

351 Harvey Avenue, Suite A • Greensburg, PA 15601-1911 • (724) 838-8322 • Fax (724) 853-6500
3605 McKnight East Drive • Pittsburgh, PA 15237-6400 • (412) 364-9395 • Fax (412) 364-2661
2402 West 8th Street • Erie, PA 16505-4483 • (814) 454-4008 • Fax (814) 454-4018
On the web: malinbergquist.com

December 5, 2011

Foundation For Free Enterprise Education
3076 West 12th Street
Erie, PA 16505

John,

Enclosed is the organization's 2010 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 15, 2012.

PENNSYLVANIA FORM BCO-10 RETURN:

Mail to - Bureau of Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

Please sign and mail Form BCO-10 on or before February 12, 2012.

Enclose a check for \$250. Include the organization's Pennsylvania Certificate Number on the check or money order.

Make check payable to Commonwealth of Pennsylvania.

A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Vincent F. Halupczynski, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
September 30, 2011

Prepared for	Foundation For Free Enterprise Education 3076 West 12th Street Erie, PA 16505
Prepared by	Malin, Bergquist & Company, LLP 2402 West 8th Street Erie, PA 16505-4428
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 15, 2012.

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION FOR FREE ENTERPRISE EDUCATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3076 WEST 12TH STREET City or town, state or country, and ZIP + 4 ERIE, PA 16505 F Name and address of principal officer: JOHN J. TROMBETTA 3076 WEST 12TH STREET, ERIE, PA 16505	D Employer identification number 25-1394365 E Telephone number (814) 833-9576 G Gross receipts \$ 2,085,495. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PFEW.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HEIGHTEN THE AWARENESS OF PENNSYLVANIA'S YOUTH ABOUT THEIR FUTURE ROLE IN THE AMERICAN FREE 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 26 6 Total number of volunteers (estimate if necessary) 6 186 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																												
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,042,946. 9 Program service revenue (Part VIII, line 2g) 319,968. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3,619. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,810. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,388,105.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Prior Year</th> <th style="width:25%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td style="text-align: right;">1,042,946.</td> <td style="text-align: right;">832,351.</td> </tr> <tr> <td>9</td> <td style="text-align: right;">319,968.</td> <td style="text-align: right;">336,098.</td> </tr> <tr> <td>10</td> <td style="text-align: right;">-3,619.</td> <td style="text-align: right;">68,981.</td> </tr> <tr> <td>11</td> <td style="text-align: right;">28,810.</td> <td style="text-align: right;">48,318.</td> </tr> <tr> <td>12</td> <td style="text-align: right;">1,388,105.</td> <td style="text-align: right;">1,285,748.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	1,042,946.	832,351.	9	319,968.	336,098.	10	-3,619.	68,981.	11	28,810.	48,318.	12	1,388,105.	1,285,748.									
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 512,524. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 150,438. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 489,556. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,002,080. 19 Revenue less expenses. Subtract line 18 from line 12 386,025.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Prior Year</th> <th style="width:25%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15</td> <td style="text-align: right;">512,524.</td> <td style="text-align: right;">500,844.</td> </tr> <tr> <td>16a</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b</td> <td style="text-align: right;">150,438.</td> <td style="text-align: right;">150,438.</td> </tr> <tr> <td>17</td> <td style="text-align: right;">489,556.</td> <td style="text-align: right;">524,593.</td> </tr> <tr> <td>18</td> <td style="text-align: right;">1,002,080.</td> <td style="text-align: right;">1,025,437.</td> </tr> <tr> <td>19</td> <td style="text-align: right;">386,025.</td> <td style="text-align: right;">260,311.</td> </tr> </tbody> </table>		Prior Year	Current Year	13	0.	0.	14	0.	0.	15	512,524.	500,844.	16a	0.	0.	b	150,438.	150,438.	17	489,556.	524,593.	18	1,002,080.	1,025,437.	19	386,025.	260,311.
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,250,259. 21 Total liabilities (Part X, line 26) 1,054,695. 22 Net assets or fund balances. Subtract line 21 from line 20 1,195,564.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Beginning of Current Year</th> <th style="width:25%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td style="text-align: right;">2,250,259.</td> <td style="text-align: right;">2,258,513.</td> </tr> <tr> <td>21</td> <td style="text-align: right;">1,054,695.</td> <td style="text-align: right;">925,546.</td> </tr> <tr> <td>22</td> <td style="text-align: right;">1,195,564.</td> <td style="text-align: right;">1,332,967.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	2,250,259.	2,258,513.	21	1,054,695.	925,546.	22	1,195,564.	1,332,967.															
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Part II Signature Block

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

Sign Here	Signature of officer JOHN J. TROMBETTA, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name VINCENT F. HALUPCZYNSKI, Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN	Firm's name ▶ MALIN, BERGQUIST & COMPANY, LLP Firm's address ▶ 2402 WEST 8TH STREET ERIE, PA 16505-4428 Firm's EIN ▶ Phone no. (814) 454-4008

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: SEE PROGRAM SERVICE ACCOMPLISHMENTS BELOW

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 507,223. including grants of \$) (Revenue \$ 366,560.) THIS YEAR, 1,433 HIGH SCHOOL YOUTH GRADUATED FROM THE FOUR INDEPENDENT SESSIONS OF THE PENNSYLVANIA FREE ENTERPRISE WEEK PROGRAM. THEY RECEIVED HANDS-ON EDUCATION ABOUT THEIR FUTURE ROLE IN THE AMERICAN FREE ENTERPRISE SYSTEM DURING INTENSIVE SEVEN-DAY RESIDENTIAL PROGRAMMING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 507,223.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		27
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		27
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** _____
JOHN J. TROMBETTA - 814-833-9576
3076 WEST 12TH STREET, ERIE, PA 16505

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN D. STAUB DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
KEVIN W. DAVIS IMMEDIATE PAST CHAIRMAN	1.00	X					0.	0.	0.	
GARY M. GOSS DIRECTOR	1.00	X					0.	0.	0.	
JON G. WHITEMAN VICE CHAIRMAN & ASSISTANT	1.00	X					0.	0.	0.	
RAYMOND C. DEE CHAIRMAN	1.00	X					0.	0.	0.	
FREDERICK W. ANTON, III DIRECTOR	1.00	X					0.	0.	0.	
PATRICIA A. BAUN TREASURER	1.00	X					0.	0.	0.	
RUSSELL P. BROOKS DIRECTOR	1.00	X					0.	0.	0.	
DAVID A. CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
KEITH J. CHARLES DIRECTOR	1.00	X					0.	0.	0.	
JAMES F. DEVINE SECRETARY	1.00	X					0.	0.	0.	
RUDY FRANK DIRECTOR	1.00	X					0.	0.	0.	
JAMES M. GOLDING, P.E. VICE CHAIRMAN	1.00	X					0.	0.	0.	
LEWIS W. HULL DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
DR. VINCENT J. MATTEO DIRECTOR	1.00	X					0.	0.	0.	
RYAN L. NEWMAN, CFA DIRECTOR	1.00	X					0.	0.	0.	
DARLENE J. ROBBINS DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE E. RYBACKI DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
NICK N. SCOTT, JR. DIRECTOR	1.00	X					0.	0.	0.	
MR. KEVIN SHIVERS DIRECTOR	1.00	X					0.	0.	0.	
CLARK L. SHUSTER DIRECTOR	1.00	X					0.	0.	0.	
TIMOTHY P. SISSLER DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL E. SMELTZER DIRECTOR	1.00	X					0.	0.	0.	
ROBERT J. WETZEL, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
DAVID W. PATTI DIRECTOR	1.00	X					0.	0.	0.	
DAVID N. TAYLOR DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							133,411.	0.	37,879.	
d Total (add lines 1b and 1c)							133,411.	0.	37,879.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	832,351.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		832,351.			
	Program Service Revenue	2 a	REGISTRATION FEES	Business Code 611710	334,885.	334,885.	
b							
c							
d							
e							
f		All other program service revenue	611710	1,213.	1,213.		
g		Total. Add lines 2a-2f		336,098.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		38,519.		38,519.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses	745,922.	10,900.			
		Gain or (loss)	715,670.	10,690.			
		Net gain or (loss)	30,252.	210.			
					30,462.	30,462.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	121,705.				
	Less: cost of goods sold	b	73,387.				
	Net income or (loss) from sales of inventory			48,318.		48,318.	
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		1,285,748.	366,560.	0.	86,837.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	166,677.	50,863.	25,432.	90,382.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	268,287.	130,895.	120,746.	16,646.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,062.	6,531.	8,531.	
9 Other employee benefits	19,597.	8,502.	9,059.	2,036.
10 Payroll taxes	31,221.	12,176.	11,240.	7,805.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,400.		6,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,018.		9,018.	
g Other				
12 Advertising and promotion	67,692.	157.	48,729.	18,806.
13 Office expenses	43,735.	6,843.	26,970.	9,922.
14 Information technology	20,944.	1,561.	17,183.	2,200.
15 Royalties				
16 Occupancy	4,594.		4,594.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,836.	15,901.	13,948.	987.
20 Interest	11,050.		11,050.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,778.		13,778.	
23 Insurance	18,971.		18,971.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STUDENT ROOM & BOARD	250,564.	250,564.		
b COMPANY ADVISORS	22,740.	22,740.		
c WAREHOUSE	11,254.		11,254.	
d CONTRACT LABOR	7,946.	490.	5,802.	1,654.
e UNCOLLECTIBLE PLEDGES	4,725.		4,725.	
f All other expenses	346.		346.	
25 Total functional expenses. Add lines 1 through 24f	1,025,437.	507,223.	367,776.	150,438.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	82,363.	1	158,182.	
	2 Savings and temporary cash investments	627,676.	2	432,617.	
	3 Pledges and grants receivable, net	152,804.	3	232,919.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	127,018.	8	69,112.	
	9 Prepaid expenses and deferred charges	8,173.	9	20,808.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 388,152.			
	b Less: accumulated depreciation	10b 74,388.			
		321,917.	10c	313,764.	
	11 Investments - publicly traded securities	930,308.	11	1,031,111.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,250,259.	16	2,258,513.		
Liabilities	17 Accounts payable and accrued expenses	817,848.	17	709,660.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	225,981.	23	213,086.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	10,866.	25	2,800.	
	26 Total liabilities. Add lines 17 through 25	1,054,695.	26	925,546.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	739,069.	27	961,713.	
	28 Temporarily restricted net assets	456,495.	28	371,254.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,195,564.	33	1,332,967.	
34 Total liabilities and net assets/fund balances	2,250,259.	34	2,258,513.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,285,748.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,025,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	260,311.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,195,564.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-122,908.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,332,967.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization FOUNDATION FOR FREE ENTERPRISE EDUCATION	Employer identification number 25-1394365
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1078262.	1001859.	806,520.	1042946.	832,351.	4761938.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1078262.	1001859.	806,520.	1042946.	832,351.	4761938.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1353401.
6 Public support. Subtract line 5 from line 4.						3408537.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1078262.	1001859.	806,520.	1042946.	832,351.	4761938.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,480.	41,360.	25,001.	25,852.	38,519.	173,212.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4935150.
12 Gross receipts from related activities, etc. (see instructions)					12	1,255,295.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	69.07 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	66.86 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

FOUNDATION FOR FREE ENTERPRISE EDUCATION

25-1394365

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization FOUNDATION FOR FREE ENTERPRISE EDUCATION	Employer identification number 25-1394365
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN MIDDLETON CO 475 N. LEWIS ROAD LIMERICK, PA 19468-1510	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PENNSYLVANIA MANUFACTURERS' ASSOCIATION 225 STATE STREET HARRISBURG, PA 17101	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STAPLES, INC. 500 STAPLES DRIVE FRAMINGHAM, MA 01702	\$ 173,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WHEELER BROTHERS, INC. 384 DRUM AVENUE PO BOX 737 SOMERSET, PA 15501	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DAVID R. BRENNAN 2 KINGDOM STREET PADDINGTON, UNITED KINGDOM	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE PHILLIP MCKENNA FOUNDATION PO BOX 186 LATROBE, PA 15650	\$ 16,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
FOUNDATION FOR FREE ENTERPRISE EDUCATION	25-1394365

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
FOUNDATION FOR FREE ENTERPRISE EDUCATION	25-1394365

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

FOUNDATION FOR FREE ENTERPRISE EDUCATION

Employer identification number

25-1394365

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	55,957.	53,052.	55,665.		
b Contributions		40.	40.		
c Net investment earnings, gains, and losses	-1,204.	6,576.	2,058.		
d Grants or scholarships					
e Other expenditures for facilities and programs	5,775.	3,150.	4,200.		
f Administrative expenses	618.	561.	511.		
g End of year balance	48,360.	55,957.	53,052.		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 100.00 %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		143,318.		143,318.
b Buildings		179,988.	20,745.	159,243.
c Leasehold improvements				
d Equipment		64,846.	53,643.	11,203.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				313,764.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) LINE OF CREDIT	2,800.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,800.	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,285,748.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,025,437.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	260,311.
4	Net unrealized gains (losses) on investments	4	-122,908.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-122,908.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	137,403.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,212,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-122,908.
b	Donated services and use of facilities	2b	853,170.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	196,545.
e	Add lines 2a through 2d	2e	926,807.
3	Subtract line 2e from line 1	3	1,285,748.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,285,748.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,075,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	853,170.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	196,545.
e	Add lines 2a through 2d	2e	1,049,715.
3	Subtract line 2e from line 1	3	1,025,437.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,025,437.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE FINANCIAL

SUPPORT TO THE FOUNDATION FOR OPERATIONS AND CAPITAL PROJECTS.

PART X, LINE 2: THE FOUNDATION IS AN EXEMPT ORGANIZATION FOR FEDERAL

TAX PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE

FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND ELECTIONS MADE FOR ALL OPEN

TAX YEARS. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT, NOR HAS THE

FOUNDATION BEEN CONTACTED BY ANY JURISDICTIONS. THE FOUNDATION HAS NOT

Part XIV Supplemental Information (continued)

BEEN SUBJECT TO ANY INCOME TAX PENALTIES OR INTEREST FOR 2011 OR 2010

.

BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS AND ELECTIONS, MANAGEMENT BELIEVES THAT ALL TAX POSITIONS TAKEN AND THE TAX EXEMPT STATUS OF THE FOUNDATION WOULD BE UPHELD UNDER EXAMINATION. THEREFORE, NO PROVISIONS FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS AND ELECTIONS HAS BEEN RECORDED AS OF SEPTEMBER 30, 2011 OR 2010.

COST OF GOODS SOLD (\$73,387) IS INCLUDED AS AN ADJUSTMENT TO REVENUE IN LINE 2D IN SECTION XII ABOVE, AS THE EXPENSE IS INCLUDED IN THE REVENUE LINE ITEM ON THE FINANCIAL STATEMENTS.

AN INVENTORY ADJUSTMENT OF \$123,158 IS INCLUDED AS AN ADJUSTMENT TO REVENUE IN LINE 2D IN SECTION XII ABOVE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

FOUNDATION FOR FREE ENTERPRISE EDUCATION

Employer identification number

25-1394365

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN J. TROMBETTA	(i)	129,011.	0.	4,400.	0.	37,879.	171,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

FOUNDATION FOR FREE ENTERPRISE EDUCATION

Employer identification number

25-1394365

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENTERPRISE SYSTEM BY DELIVERING HIGH-QUALITY AND PRACTICAL HANDS-ON
EDUCATIONAL EXPERIENCES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DISTRIBUTED
ELECTRONICALLY TO ALL BOARD MEMBERS FOR REVIEW AND/OR COMMENTS PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS AND KEY EMPLOYEES
ANNUALLY COMPLETE AND SUBMIT A WRITTEN QUESTIONNAIRE CONCERNING ANY
POSSIBLE CONFLICTS OF INTEREST. THESE QUESTIONNAIRES, ALONG WITH A
STATEMENT OF DECLARATION, ARE MAINTAINED IN THE FOUNDATION'S CORPORATE
RECORDS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REGULARLY
RESEARCHES AND OBTAINS SALARY/COMPENSATION INFORMATION OF CEOS OF
COMPARABLE ORGANIZATIONS (SIZE, SCOPE, PURPOSE) WHEN DELIBERATING ANNUAL
COMPENSATION PACKAGE FOR CEO. THIS INFORMATION IS DISSEMINATED TO AND
DISCUSSED WITH BOTH THE EXECUTIVE COMPENSATION COMMITTEE AND THE EXECUTIVE
COMMITTEE OF THE ORGANIZATION FOR REVIEW AND SUBSEQUENT DETERMINATION OF
SALARY/BENEFIT CHANGES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization FOUNDATION FOR FREE ENTERPRISE EDUCATION	Employer identification number 25-1394365
--	--

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -122,908.

FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT

THE BOARD OF DIRECTORS COMMUNICATES INFORMATION TO THE INDEPENDENT
AUDITORS CONCERNING POSSIBLE RISKY AREAS AND INSTANCES OR SUSPICIONS OF
FRAUD. THE AUDITORS COMMUNICATE WITH THE BOARD OF DIRECTORS DURING THE
PLANNING AND CONCLUSION STAGES OF THE AUDIT. THERE HAVE BEEN NO
CHANGES IN THE OVERSIGHT OF THE AUDITORS SINCE THE PRIOR YEAR.

Form **8879-EO**

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

OMB No. 1545-1878

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

2010

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

FOUNDATION FOR FREE ENTERPRISE EDUCATION

25-1394365

Name and title of officer

**JOHN J TROMBETTA
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1285748</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MALIN, BERGQUIST & COMPANY, LLP to enter my PIN 59831
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25266344019
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

September 30, 2011

Prepared for	Foundation For Free Enterprise Education 3076 West 12th Street Erie, PA 16505
Prepared by	Malin, Bergquist & Company, LLP 2402 West 8th Street Erie, PA 16505-4428
Amount due or refund	Balance due of \$250
Make check payable to	Commonwealth of Pennsylvania
Mail tax return and check (if applicable) to	Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120
Return must be mailed on or before	February 12, 2012
Special Instructions	<p>The return should be signed and dated by the authorized individuals.</p> <p>Include the organization's Pennsylvania Certificate Number on the check or money order.</p> <p>A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.</p>

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

Commonwealth of
Pennsylvania
Department of State

For Official Use Only

Approved: _____
RF: _____
AF: _____
LF: _____
Fee Received: _____

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: _____
(Renewals Only)

Fiscal Year Ended: 09/30/2011

Employer Identification Number (EIN): 25-1394365

1. Legal name of organization: FOUNDATION FOR FREE ENTERPRISE EDUCATION

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: JOHN TROMBETTA

Contact's E-mail: JOHN@PFEW.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

3076 WEST 12TH STREET

City: ERIE

City: _____

State: PA ZIP code: 16505

State: _____ ZIP code: _____

County: ERIE

800 number: _____

Phone number: (814) 833-9576

Fax number: 814-833-9850

E-mail (If different than Contact's E-mail) : _____

Website: WWW.PFEW.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

FOUNDATION FOR FREE ENTERPRISE

3076 WEST 12TH STREET, ERIE, PA 16505

814-833-9576

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1) 162.7(a)(2)
 162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : CORPORATION

Where established: ERIE, PENNSYLVANIA Date established:** 01/01/1978

** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. 07/01/1979

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. _____

*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

CONTRIBUTIONS WERE USED TO MITIGATE THE EXPENSES OF PENNSYLVANIA FREE ENTERPRISE WEEK. THIS EVENT PROVIDES STUDENTS WITH EDUCATIONAL INFORMATION EMPHASIZING THE AMERICAN FREE ENTERPRISE SYSTEM.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

FUNDS ARE OBTAINED BY CONDUCTING INFORMATIONAL MEETINGS TO EXPLAIN THE FREE ENTERPRISE SYSTEM TO THE PUBLIC. MAIL REQUESTS ARE ALSO SENT.

14. Is organization registered to solicit contributions in any other state or municipality? Yes No

(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

SEE STATEMENT 1

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

SEE STATEMENT 2

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

NONE

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 3

25. Names and addresses for: *(Attach separate sheet if necessary)*

A. Individual(s) in charge of solicitation activities:

JOHN J. TROMBETTA, PRESIDENT & CEO

3076 WEST 12TH STREET ERIE, PA 16505

B. Individual(s) with final responsibility for the custody of contributions:

JOHN J. TROMBETTA, PRESIDENT & CEO

3076 WEST 12TH STREET ERIE, PA 16505

C. Individual(s) with final responsibility for final distribution of contributions:

JOHN J. TROMBETTA, PRESIDENT & CEO

3076 WEST 12TH STREET ERIE, PA 16505

D. Individual(s) responsible for custody of financial records:

JEREMY KROPF, OFFICE MANAGER

3076 WEST 12TH STREET ERIE, PA 16505

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No SEE STATEMENT 4

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer Date _____

JOHN J. TROMBETTA, PRESIDENT AND CEO

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer Date _____

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input checked="" type="checkbox"/>	Applicable Financial Statements
<input checked="" type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

NAME AND ADDRESS

TITLE

FREDERICK W. ANTON, III
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

PATRICIA A. BAUN
3076 WEST 12TH STREET
ERIE, PA 16505

TREASURER

NAME AND ADDRESS

TITLE

RUSSELL P. BROOKS
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

DAVID A. CAMPBELL
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

KEITH J. CHARLES
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

JAMES F. DEVINE
3076 WEST 12TH STREET
ERIE, PA 16505

SECRETARY

NAME AND ADDRESS

TITLE

RUDY FRANK
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

JAMES M. GOLDING, P.E.
3076 WEST 12TH STREET
ERIE, PA 16505

VICE CHAIRMAN

NAME AND ADDRESS

TITLE

LEWIS W. HULL
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR EMERITUS

NAME AND ADDRESS

TITLE

DR. VINCENT J. MATTEO
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

RYAN L. NEWMAN, CFA
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

DARLENE J. ROBBINS
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

LAWRENCE E. RYBACKI
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR EMERITUS

NAME AND ADDRESS

TITLE

NICK N. SCOTT, JR.
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

MR. KEVIN SHIVERS
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

CLARK L. SHUSTER
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

TIMOTHY P. SISSLER
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

NAME AND ADDRESS

TITLE

MICHAEL E. SMELTZER
3076 WEST 12TH STREET
ERIE, PA 16505

DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ROBERT J. WETZEL, ESQ. 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DAVID W. PATTI 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DAVID N. TAYLOR 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
GENE BARR 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ROBERT J. BLAIR 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JIM DIBLE 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
TOM HENSCHKE 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DONNA A, SEDOR 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOHN E. SKORY 3076 WEST 12TH STREET ERIE, PA 16505	DIRECTOR

