Form	, 9	90				-			•		m Income			омв №. 1545 200	-0047 7
			Unde	er sectio	n 501(c), 5) of the int t or private			e Code (except	black lu	ing		
		the Treasury us Service	► The	e organiza	ation may I			-		•	state reporting	requiren	nents.	Open to Pu Inspectio	
A	For th	ne 2007 cal	endar ye	ar, or ta	x year beg	linning	J	in Ist	, 2007	7, and	l ending	3/		20 2007	7
в	check if		Please C	Name of	ganization			-11					ver identi	fication number	
	Address	s change	abel or	Mida	<u>lleTow</u>		lim	Club	In	<u> </u>		13:1	5/8	264	
=	vame c	hange	type. See	-		$\gamma \mathcal{L} \mathcal{R}$	r maii is	not delivered	to street a	daress	s) Room/suite	E Teleph アレフ) <i>Q</i>/	- and	
_	nitial re	8	Specific		ve, state or	country.a	ad ZIP +	. 4		•		F Accountir	<u>- </u>		Accrual
	Termina		nstruc- tions.		letow		Ŧ_/	7057	2 031	58		_	her (spec		nuuludi
_		ion pending		m 501(c)(3) organiza	tions and		(1) nonexen		able		• •		on 527 organizati	
G	Vebsit	e: ► M	1111	must atte	· · /	leted Sch	-	(Form 990 o	r 990-EZ).		H(a) Is this a gr H(b) If "Yes," en	nter numb	er of affil	lates ►	
J(Organi:	zation type (c	check only	one) 🕨	501(c) (7)) isert no.)) 🗌 4947(a)	(1) or 🔲	527	H(c) Are all affil (If "No," at			/	X ∣ №
		here here				•				055	H(d) is this a sep	oarate retur	n filed by	an	4
	receipts	are normally	not more	than \$25,0	000. A return									ruling? 🗌 Yes	K No
		return, be su	re to file a	complete							I Group Exe	_		nization is not re	aured
<u>L</u> (Gross	receipts: Ac	dd lines 6	5b, 8b, 91	o, and 10b	to line 1	<u>2 • </u> a	,24,36	3		to attach	Sch. B (F	orm 990	, 990-EZ, or 990)-PF).
Pa	rt I	Revenu	e, Expe	enses,	and Cha	nges ir	Net /	Asséts or	Fund	Bala	nces (See the	e instru	ctions.)	
	1	Contributi	ions, gif	ts, gran	ts, and si	milar am	ounts	received:	1.1						
						-	• •		1a			-			
	_		•	• •			,		1b 1c		· _ ·	-			
	c d	Indirect p							1d						
	d e	Governme Total (add								•		1e			
	2	-		-						n Par	t VII, line 93)	2			
	3	Members										3	10	1.937	
	4	Interest o	n saving	gs and t	emporary	cash in	vestme	ents		•		4		206	
	5	Dividends		erest fro	om securi	ties .				•		5			
	6a 	Gross ren		nses	· · ·	· · · · · ·	· · · ·	· · · ·	6a 6b						
_	_ c	Net rental	lincome	orinos	s). Subtra	ct line 6	b from	line 6a .	• • •	•		<u>6</u> с			
Ś	≦ №	Phening	eziûlêdi	income	(describe	• ►	(A)	Securities) B) Other	7			
Revenue	ва	Gross am than-inve		JE L	s of asset	s other			8a						
۴	6)Gđea		basis an	d sales exi	oenses.			8b		-				
L	- c	Gain or (it	USS) (att	ach sch	edule)	[8c	_					
		Net gain c				columns	(A) and	J(B)				8d			
	9				-		-			, che	ck here 🕨 🔲				
	а	Gross rev								2	100				
									9a 9b		1555 171)	-		、	
	D C	Less: dire Net incon							<u> </u>	3		9c	1	Vrs)	•
	10a	_	-		•				10a		558				
	b	Less: cos							10b	10	626				
	c	Gross prof	fit or (loss	s) from sa	les of inve	ntory (atta	ach sch	edule). Subi	tract line	10b fr	rom line 10a .	10c		7,932	
	11	Other rev	enue (fr	om Part	VII, line 1	103)				•	· · · · · ·	11	7	1853	
	12											<u>12</u> 13	-b	4,565	<u> </u>
8	13 14	Program										13		<u>,475</u>	
Expenses	14										· · · · · ·	15			·
Ę	16	Payments	s to affil	iates (at	tach sche	dule) .	•••	· · · · · · · ·	•••		· · · · ·	16			
	17										<u></u> .	17	13	0,443	
ets	18							rom line 1		-		18	<u> </u>	80)	
Assets	19 ·										(A))	19		Salle	
Net	20											20	<u></u>		
-	21	INEL ASSOL			es al end	or year.		ie iiries 18,	is, and	20	<u></u>	21	<u>X</u> X	5/97/	

Cat No. 11282Y For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants paid from donor advised funds (attach schedule)		•		- 14 - 1	54 19
	(cash \$)				يتدريع فيجا يتبعده	
	If this amount includes foreign grants, check here \blacktriangleright	228			and the second sec	
b	Other grants and allocations (attach schedule) (cash \$ noncash \$)					
	If this amount includes foreign grants, check here	22b				
	Specific assistance to individuals (attach					
	schedule)	23	e			
	Benefits paid to or for members (attach schedule)	24			می ایک اور ایک اور می ایک اور می ایک اور اور می ایک اور اور ایک اور می ایک اور می ایک اور می ایک اور می ایک او ایک ایک اور ایک اور می ایک اور می ایک اور می ایک اور ایک اور ایک اور ایک اور می ایک اور می ایک اور می ایک اور م	
а						
~	key employees, etc. listed in Part V-A	25a	7.000)			
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B	25b				
С	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not included		-151	[·····		1
	on lines 25a, b, and c	26	50,5/1			
	Pension plan contributions not included on lines 25a, b, and c	27				
	Employee benefits not included on lines 25a - 27	28				
	Payroll taxes	29	6,185			
	Professional fundraising fees	30				
	Accounting fees	31			· · · · · · · · · · · · · · · · · · ·	
	Legal fees	32	CAR			
		<u>33</u> 34				
	Telephone	35	1/1711			<u> </u>
		36	AI. 144			
	Equipment rental and maintenance	37	wj			
	Printing and publications	38	63			
	Travel	39				
	Conferences, conventions, and meetings	40				
	Interest	41 42				
	Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize):	42	· · · · · · · · · · · · · · · · · · ·	·····		
a	Danch in Roma Mc Donal House	43a	30			
b		43b				
C		43c				
d		43d				
9		43e			ļ	
F.		43f				
9		43g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 12, 15)		130,443			
	13-15)					L

(iii) the amount allocated to Management and general \$

...; (ii) the amount allocated to Program services \$_ ; and (iv) the amount allocated to Fundraising \$

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Form 990 (2007)

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

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

-		
Wł	nat is the organization's primary exempt purpose? >	Program Service
of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a	Daily operation as private Non-Prosit Suin Club Open from Merrin Dez to Labor Approx 100 Days as operation	N/A
	Sold Lund of Club to PA Tumpke in 2007 See Schedule #24 Agreent	5a(7)
	(Grants and allocations \$) If this amount includes foreign grants, check here ►	130,443
b		
		. 1/1
		NH
	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
c		
		N/A
		}*/// *
	(Grants and allocations \$) If this amount includes foreign grants, check here >	
d		,
	······	N/A
		 * <i>l]</i>=t [
	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
e	Other program services (attach schedule) (Grants and allocations \$) If this amount Includes foreign grants, check here ▶	NA
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	130/4/3
		Form 990 (2007)

om 990 (Page
Part IV					,	<u> </u>
Note:	Where required, attached schedules and amount column should be for end-of-year amounts only.	s within th	e description	(A) Beginning of year		(B) End of year
45	Cashnon-interest-bearing			65/ 4	45	<u>841438</u>
46	Savings and temporary cash investments				46	
47a	Accounts receivable	47a				
ь	Less: allowance for doubtful accounts	47b		· · · · · · · · · · · · · · · · · · ·	47c	
	Piedges receivable Less: allowance for doubtful accounts	48a 48b			48c	
49	Grants receivable	<u> </u>		·	49	
	Receivables from current and former officer key employees (attach schedule)	rs, directe	ors, trustees, and	- <u> </u>	50a	· · · · · · · · · · · · · · · · · · ·
Ь	Receivables from other disqualified persons 4958(f)(1)) and persons described in section 49	(as defin	ned under section		50b	· · · · · · · · · · · · · · · · · · ·
	Other notes and loans receivable (attach schedule)		40.000	•		
9	Less: allowance for doubtful accounts .	51b		400,000	51c	400,000
52	Inventories for sale or use				52	
	Prepaid expenses and deferred charges				53 54a	
	Investments—publicly-traded securities . Investments—other securities (attach sched		=		54b	
	Investments-land, buildings, and	55a				
b	equipment: basis					
6		55b			55c 56	
56	Investments—other (attach schedule)				- 30	
1	Less: accumulated depreciation (attach schedule)			175,900	57c	359,800
58	Other assets, including program-related inv			10/1-		
59	(describe ► Total assets (must equal line 74). Add line	s 45 thro) ugh 58	SS5. 4/4	58 59	891 247
60	Accounts payable and accrued expenses				60	019511
61	Grants payable				61	
62	Deferred revenue				62	
<u>8</u> 63	Loans from officers, directors, trustees, ar schedule) .				63	
64a	Tax-exempt bond liabilities (attach schedule	e)			64a	<u>.</u>
⊐∣ь		schedul			64b	-
65	Other liabilities (describe > Sec Steph	Q#4.S	Stock ROYNAD	(600)	65	
66	Total liabilities. Add lines 60 through 65	Linewy	~~~()- <i>10</i> /31/0 /	16100	66	(43.20)
	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.	▶ 🗌 an	nd complete lines			
ğ 67	Unrestricted				67	
68	Temporarily restricted				68	
10 69	Permanently restricted				69	
ğ Org	anizations that do not follow SFAS 117, chec	:k here ►	and and	-		
5 70	complete lines 70 through 74. Capital stock, trust principal, or current fun	ds		8514	70	34,547
원 71	Paid-in or capital surplus, or land, building,			876,900	71	759,800
9 72	Retained earnings, endowment, accumulate			(4198)	72	(6080)
Net Assets or Fund Balances bb. 0 69 89 29 2 7 1 2 0 69 89 2 7 2 1 2 0 69 89 2 69 80 2 60 80 2	70 through 72. (Column (A) must equal line	19 and	column (B) must	Cont on 10		
	equal line 21)				73	88,261
74	Total liabilities and net assets/fund balance	es. Add	ines 66 and 73	<u> </u>	74	

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	990 (2007)							Page 5
Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)		ents With Rev		r Ret	urn (S	See the
a		enue, gains, and other support per-audit				a	/) 4,363
b		included on line a but not on Part I, line		b1				
1		alized gains on investments		b2				
2		es of prior year grants		b3				
4		becify):						
•				b4		<u> </u>		
	Add lines	b1 through b4				b		
с		-				С	Ľ	4.343
d	Amounts	included on Part I, line 12, but not on lin	ne a:					ijes -
1	Investme	nt expenses not included on Part I, line	6b. <i>.</i>	_d1				
2	Other (sp	pecify):				2~		
				d2	<u> </u>	<u> </u>		
~		s d1 and d2	· · · · · · · ·			d	/5	
e Da	rt IV-B					e	-/d	<u> </u>
		Data State 1974				a		. 1#12
8	•	penses and losses per- audited financial s				a	13	y 412
Ь		included on line a but not on Part I, line		b1		-		
1		services and use of facilities		b2				
2	•	eported on Part I, line 20		b3				
4		pecify):						
•				b4				
	Add lines	b1 through b4				b	-	_
С		-				С	12	0443
d	Amounts	included on Part I, line 17, but not on lin						,
1	Investme	nt expenses not included on Part I, line	6b	_d1				
2	Other (sp	pecify):						
				d2				
8	Add lines Total exp	s d1 and d2 penses (Part I, line 17). Add lines c and (di			d e	130	
Pa	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the yea	, and Key Employees ar even if they were not	(List each persor compensated.) (S	n who wa ee the in:	s an o structio	fficer, ons.)	director, trustee,
	····	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribut benefit pla compen	ions to en ns & defe sation pla	nployee arred a ns	(E) Expense account and other allowances
K	mall.	steller 11	President, 1		N/4	}		⊾)//ì
	213,500	uce st. Michaelam, He 1705/	10hrsper Mprth	- 0				
f1	45 K H	yce st. Michterum, HA 17057 No 12 00/5Ki Sec St. Middletun, HA 17057 Weser Yahrand Way Mech HA 17050	Vice Resident	-0-	N/1	4		N/A
	brent B	week	Soutrops unde	TTM	Ň	Δ		NI/A
_4	100 Wes	he hread Way Mech Ht 17050	John Ruller 1	7,00	/ //	<u>71</u>		<u></u>
		• • • •						-
		<u> </u>						
					• ·			
	· · · · · · · · · · · · · · · · · · ·							
			······································					<u></u>
				·				
<u> </u>		···· •····						

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Form 990 (2007)

Fðm 990 (2007)		Pa	ige 6
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	1	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business			۔ براہ سر
	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for			
	75c		X
If "Yes," attach a statement that includes the information described in the instructions.	. S.		
d Does the organization have a written conflict of interest policy?	75d		X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou) Expen int and lowance	other
		-					
		-					
		-					
		-					
Par	rt VI Other Information (See the instruction	ns.)				Yes	No
76	Did the organization make a change in its activiti	es or methods of con	ducting activities	? If "Yes," attach a			1
	detailed statement of each change				76		$\boldsymbol{\lambda}$
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the change		t not reported to	the IRS?	77		X
782	Did the organization have unrelated business gro		or more during t	he weer envered by			
100	this return?				78a		X

b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	 J	Ī
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt	80a	X	
	organization?	ova	ſ	
81a b	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b	 X	1

Form 990 (2007)

	990 (2007)		P	age 7
Pai	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
92-	(See instructions in Part III.)	83a		J
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		Δ_
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	••	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	2	合美	
-	gifts were not tax deductible?	84b	N	A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.	1		ann.
	Dues, assessments, and similar amounts from members			
a	Section 162(e) lobbying and political expenditures			
e 4	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			añ.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85a		Λ
-	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			2
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h	N	4
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	-3		
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	2		14-14-
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			SUBN.
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		×
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		1	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/	Ă
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	891		X
	For supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
00-	at any time during the year?	89g		X
	Number of employees employed in the pay period that includes March 12, 2007 (See	•••••		
	instructions.) The books are in care of \blacktriangleright Br. of $\exists v_{12} \circ \cdots \circ \forall v_{12} \circ \cdots \circ \forall v_{12} \circ \cdots \circ \forall v_{12} \circ \cdots \circ \forall v_{12} \circ \cdots \circ v_{12} \circ \cdots $		Gun	15
	Located at > 1.900. pedgener Way. Mehmycsbuz. ff ZIP + 4 > 1.705			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b	Yes	No
	account)?			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
-		Form	n 990	(2007)

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Form 990 (2007)					Page 8
Part VI Other Information (continued)			· 		Yes No
 c At any time during the calendar year, did the foreign court of the foreign court of the foreign court of the section 4947(a)(1) nonexempt charitable true and enter the amount of tax-exempt interest. 	ntry ► sts filing Form 990) in lieu of Form	1041—Check	here	91c X
Part VII Analysis of Income-Producing A	Activities (See th	e instructions.)			
Note: Enter gross amounts unless otherwise indicated.	(A)	(B)	(C)	ion 512, 513, or 514 (D)	(E) Related or exempt function
93 Program service revenue: a b c d e f Medicare/Medicaid payments	Business code	Amount	Exclusion code	Amount	income
 g Fees and contracts from government agence 94 Membership dues and assessments 95 Interest on savings and temporary cash investment 96 Dividends and interest from securities . 97 Net rental income or (loss) from real estates a debt-financed property	sies - - - - - - - - - - - - -	109,937 200 (555) (1932 1932			
d				· · · · · · · · · · · · · · · · · · ·	
104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (. [E))	1245	<u> </u>	►	24,363
Note: Line 105 plus line 1e, Part I, should equal t Part VIII Relationship of Activities to the I Line No. Explain how each activity for which increases V of the organization's exempt purposes	Accomplishment ome is reported in co	of Exempt Pur	/II contributed i		accomplishment
Part IX Information Regarding Taxable St	ubsidiaries and D	isregarded Enti	ties (See the l	instructions.)	
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest % %	(C) Nature of a		(D) Total income	(E) End-of-year assets
Part X Information Regarding Transfers As (a) Did the organization, during the year, receive any fund	ssociated with				·

(a) Did the organization, during the year, receive any funds, directly or indir
 (b) Did the organization, during the year, pay premiums, dire
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see ins

Fôrm 990 (2	007)	P	age 9
Part XI	Information Regarding Transfers To and From Controlled Entities. Complete only if the or is a controlling organization as defined in section 512(b)(13).	rganiz	ation
		Yes	No
	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
8	1			
Ь	NA			
с	V			
	Totals			

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
8	• • • • • • • • • • • • • • • • • • •			
b	N/A			
c				
	Totals		-	

	Did the organization have a binding written c rents, royalties, and annuities described in qu		7, 2006, c	overing	the int	erest,	Yes	No
Please Sign Here	Under penalties of perjury, I deblare the I have examined and belief, it is true correct, and complete. Declaration Signature of officer Brent A. Buygon Type or print name and title	of preparer (other than officer) is bas	schedules an sed on all info	d stateme ormation c Date	$\frac{5}{3}$	to the best o preparer has	f my knov any knov	wledge vledge
Paid Propararia	Preparer's signature	Date	Check if self- employed	1 ▶ 🗆	Preparer	s SSN or PTIN	(See Gen.	inst. X)
Preparer's Use Only	Firm's name (or yours If self-employed), address, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·		EIN Phone no	► . ► ()		

Form 990 (2007)

Yes No

Middletown Swim Club Schedule 1 Review of Income and Expens 12/31/2007	ses		
Line 3 Income Summary Dues Income Stock Purchase Stock Refunds Capital Fees Late Fee Membership Refunds Sub-Total Income	106,625 10,553 (11,520) 2,575 2,793 (1,089) 109,937		
Sub Total Income Line 3	109,937	Line 3	
Interest Income	206	Line 4	
Special Event Special Event Pig Roast Swim Lessons	Receipts 395 3,260	Expenses 93 5,127	Income (Loss) 302 (1,867)
Total Special Events	3,655	5,220	(1,565) Line 9c
	9a	9b	<u>(1,000</u>)] Linte ee
Concession Stand Income COGS Con. Stand Income	(10,626)	10a 10b Line 10c	
Other Revenue: Sporting Equipment Rental Duplicate Membership Card Life Saving Income Guest Fees Exp Reimbursement NSF Fee Video Game Income Misc Income Total Other Revenue	6 18 25 6,508 11 30 516 739 7,853	Line 11	
Total Revenue	24, 363	Line 12	
Program Services	130,443	Line 44	
Income (Loss)	(6,080)		
	(6,079)	From Incon	ne Statement
		Reconciling) Number

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9:09 AM 05/03/08 Accrual Besis

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Net

Middletown Swim Club Inc Profit & Loss January through December 2007

	Jan - Dec 07
Income	
	2,674.65 Part 1 Ln 3 and Part VI Ln 86a
CONCESSION	18,558.45 Part 1 Ln 10A
Dues income-Family Dues income-SINGLE	93,957.67 Part 1 Ln 3 12,667.00 Part 1 Ln 3
DUP MEMBER CARD	18.00 Part 1 Ln 11
Expense Reimbursement	10.88 Part 1 Ln 11
GUEST FEES	6.508.00 Part 1 Ln 11
INTEREST	205.62 Part 1 Ln 4
Late Fee Income	2.793.00 Part 1 Ln 3
LIFE SAVING INCOME	25.00 Part 1 Ln 11
MISC INCOME	739.00 Part 1 Ln 11
NSF Fee	30.00 Part 1 Ln 11
PIG ROAST	3,260.23 Part 1 Ln 9a
SPEC EVENT INC	396.10 Part 1 Ln 9a
SPORTING EQUIPMENT	6.00 Part 1 Ln 11
STOCK PURCHASE	10,663.00 Part 1 Ln 3
VIDEO	<u>515.50</u> Part 1 Ln 11
Total Income	152,817.00
Expense	
EQUIPMENT	3,811.74 Part II Ln 36
ADMIN EXPENSE	
Donation	30.00 Part II Ln 43A
POSTAGE	1,034.09 Part II Ln 35
PRINTING	62.81 Part II Ln 38
SUPPLIES	507.77 Part II Ln 33
ADMIN EXPENSE - Other	630.63 Part II Ln 36
Total ADMIN EXPENSE	2,266.30
APPLICATION FEE	117.00 Part II Ln 36
CONCESSION EXP	10.626.08 Part 1 Ln 10b
ELECTRIC	7.484.62 Part II Ln 36
GUARD/POOL/REC	1.157.69 Part II Ln 36
INSURANCE	i, ior.ioo i altin Eli oo
LIABILITY	2,778.35
WORK COMP	1,542.00
INSURANCE - Other	9,965.68
	14,288.03 Part II Ln 36
LIFE SAVING EXPENSE	225.00 Part II Ln 36
MAINT/REPAIRS	14,774.42 Part II Ln 36
MISC.	54.98 Part II Ln 36
PAYROLL EXPENSES	67,670.91 Part II Ln 25a and In 26
PAYROLL TAXES	
FICA	4,037.62
FUTA	421.36
MEDICARE	836.25
SUIPA	889.66
Total PAYROLL TAXES	6,184.89 Part II Ln 29
Pest Control	325.00 Part II Ln 36
petty cash	200.00 Part II Ln 36
POOL CHEMICALS	5,814.01 Part II Ln 36 1.088.60 Part 1 Ln 3
REFUND	889.90 Part II Ln 36
REFUSE RENT	525.00 Part II Ln 36
SPECIAL EVENTS	828.00 Part II LII 30
4TH OF JULY	92.78 Part 1 Ln 9b
PIG ROAST	5,126.88 Part 1 Ln 9b
Total SPECIAL EVENTS	5,219.66
TOTAL OF LODAL EVENTS	0,210.00
STCK REFUNDS	11,520.00 Part 1 Ln 3
	B 4111 55
REAL ESTATE	14,647.98 Part II Ln 36
REGULAR	307.54 Part II Ln 34
Total Expense	158,896.25
Income	-6,079.25

.

MSC Schedule 2 Turnpike Land Sale-See attached agreement Commenced on 9/27/07

Payment from Turnpike	\$ 132,355
Value Land Sold	\$ 117,100 Schedule #2A
	\$ 15,255 Recognized Increase market value minus assessed value of property
Change in cash at end 2007	\$ (444) Used to settle bills at end of 2007
Reported change in assests	\$ 14,811 Part 1 Line 20

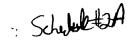
NOTES:

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Club sold 5.9 acres of land to the PA turnpike on September 27, 2007. See attached agreements. Total recognized was 132,355 and value of land was appraised at 117,100 per the County assessment office see attached document Schedule #2A. Therefore the difference of 15,255 was the increase in assests on the balance sheet minus 444 reconciling difference.

The prposed use of this cash is for the betterment of the club including updating mechanical system of pool, new equipment, updating of main building. Dauphin County Office of Tax Assessment

717-780-6101



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42-042-003-0000000

Swim Club

3000000 UNION ST

P05

Notice of Change in Assessment

and the second second

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12/03/2007

MIDDLETOWN SWIM CLUB INCORPORA

P O BOX 368 RT 441 MIDDLETOWN PA 170570368

Your real property assessment for 2007 has been changed due to

4

Change in Land Area

This assessment is 100% of the 2006 appraised value for your real property by the county Your old assessment and your new assessment are shown below

Old Assessment			New Asse	
Taxable Land	\$294,600	<u></u>	Taxable Land.	\$177,500 = (17,10
Taxable Building	\$182,300		Taxable Building	\$182,300
Taxable Total:	\$476,900		Taxable Total:	\$359,800
Exempt Land.	\$0		Exempt Land	\$0
Exempt Building:	\$0		Exempt Building.	\$0
Exempt Total:	\$0		Exempt Total:	\$0

INTERIM ASSESSMENT NOTICE Certain increases in building valuation are subject to interim taxes. These are additional current year taxes prorated from NA the date on which your reassessment was revised, through the end of the applicable tax year(s). Revisions in land value are not included in this interim assessment which is NA. This interim assessment is the difference between the old and the new taxable building values shown above. Any increase in land value will be first billed as part of your overall 2008 assessment.

County interim taxes will be levied only if the interim assessment is in the amount of \$5,000 or more. Municipal and school taxes may, however, be levied regardless of the interim assessment amount.

If you are aggreed by this assessment, you have the right to appeal. To appeal, you must file a written statement of the intention with the Dauphin County Board of Assessment Appeals by 1/12/2008. Appeal forms are available for this purpose at the Dauphin County Tax Assessment Office or the Dauphin County Board of Assessment Appeals, Dauphin County Administration Building 2 S 2^{rd} St, PO Box 1295, Hamsburg PA 17108-1295 You may write, visit, or call us at 717-780-6101 or 717-780-6102 to obtain an appeal form.

MSC Development Deal Commenced on 8/22/2006 Schedule 3 See attached agreement for details. Part IV Line 51A

 Intial Payment
 \$ - Made 9/22/06 deposited into checking account to pay outstanding bills

 8 pyts of 50,000
 \$ 400,000

 Booked as receivable (asset) will offset every year as cash is received.

 \$ 400,000

 Upgrades at club
 \$ 150,000

 Estimated will recognize in future years when completed.

 Total
 \$ 550,000

See attached agreement for details-Sent with prior years return Basically the club sold right of way through its property to developer that is developing land. All monies will be earmarked for improvements to the club.

NOTES: 2007

No additional payments have been received since the initial 20k on 9/22/06. Still Expecting the 400,000 once project commences per agreement. Listed as asset on line 51A Part IV

Middletown Swim Club Outstanding Stock Refunds as of 12/31/07 Schedule #4

LAST NAME	FIRST NAME	SPOUSE	ADDRESS	CITY	8T	ZIP		MEMBER		DATE		Date Submitted	Notes
DIR! COMPANY	G.FRR: SAL	NO DE ANTA	KICLI CANDI FWAYOKE DREAMER								-240		To Busy
Brenizer	Susan				PA		939-5333				-240		No reason
Signor	Danny	Cynthia	18 E Roosevelt Ave		PA		930-0496				-240		Busy Schedule
MURRAY	JEAN		422 RACE ST		PA		944-7369				-240		No reason
Panza	Tony	Maureen	607 Wilkes Drive		PA		939-6638				-240		No reason
ROOT	DAVID	VICKI	912 SWATARA DR		PA		939-3047				-240		
KING	BARBARA		124 JUNIPER ST		PA		944-7425				-240		No reason
CLARK	STEPHANIE		2379 RIVER RD, LOT #27		PA		361-7427				-120		No reason
MILLER	Peggy		610 FEW AVE		PA		944-7796				-240		No reason
Kane		ELIZABETH	19 Ray Road		PA		939-2777				-240		No reason
Seibert	Scott	BARBARA	532 North Spring Street	MIDDLETOWN	PA		944-0796				-240		No reason
AIKEN	ROBERT	SANDY	185 North Harmsburg St		PA		939-1808				-240		
GUY	MICHAEL	ERIN	5987 Ashton Woods Circle	Milten	FL	32570	985-9447	F2192			-240	5/19/2007	Moved
Roback	Alicia	Jeffrey	354 E Roosevelt Ave	MIDDLETOWN	PA	17057	944-5845	F2632			-240		Moving
SMITH	Kyle		311 OAK HILL DRIVE	MIDDLETOWN	PA	17057	944-6517	S1234			-120	5/18/2007	Can't Afford
	and the second			12 12 1 2 2 B			947-20046		No refund		0	6/18/2007	Moved out area
LYTLE	CLARENCE	JOANNE	1622 E HARRISBURG PIKE	MIDDLETOWN	PA	17057	944-1841	F1411			-240	• 7/6/2007	Moved
COBAUGH	JAMES				PA		944-4042		ok paid dues	this year	-240	7/25/2007	Put in Pool
			1991 POWDERHORN RD				985-0656		No refund		0		
NAPILITONIA	Nick		1836 BLACKLATCHIEN	MIDDLETOWN	PA	17057	939-0426	S1221	No refund		0	8/15/2007	Non Use of Poo
2008 Terminations													
Curley	Cathy		310 Obertin Road	Middletown	PA		944-3241				-240	9/8/2007	Non Use of Poo
STIPFLER	REGIS	CHERIE	531 LAURELAVE	MIDDLETOWN	PA	17057	944 7766		No refund		0		Non Use of Poo
BRENNAN	STEPHANIE	Alan	110 Robin Lane Apt E4	Hummelstown	PA	17036		F2450			-240	10/17/2007]
]
]
]
]
]
]
											-4320		-

Missed 2006 deadline and did not pay 2006 dues

See notes on Term paperwork before terminating

Missed 2007 deadline and not pay 2007 dues

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		DO NOT STAFLE					
* EEEEE	Control number For Official OMB No. 15						
kind	941 Military 943 944	1 Wages, tips, other compensation 57670.91	2 Federal income tax withheld 4969.00				
of Payer	Hshid Mødicare Third-party CT-1 emp govt emp sick pay	3 Social security wages 57670.91	4 Social security tax withheld 3575.62				
c Total number of	Forms W-2 d Establishment number 31	5 Medicare wages and tips 57670.91	6 Medicare tax withheld 836.25				
c Employer identified 23-1518264		7 Social security tips	8 Allocated tips				
f Employer's name MIDDLETOWN	N SWIM CLUB	9 Advance EIC payments	10 Dependent care benefits				
	N SWIM CLUB INC	11 Nonqualified plans	12 Deferred compensation				
PO BOX 368		13 For third-party sick pay use only					
MIDDLETOW	N PA 17057-036	14 Income tax withheld by payer of third-par	ty sick pay				
h Other EIN used	-						
PA 231	yer's state ID number 518264	16 State wages, tips, etc 57670.91	17 State income tax 1770.51				
		18 Local wages, trps, etc 57670.91	19 Local income tax 1778.73				
Contact person		Telephone number	For Official Use Only				
		(-)					
Email address		Fax number	1				
		(-)					

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief they are true, correct, and complete

Signature

W-3

Title I Department of 38 2099803 חחק 7

Transmitted of Wage and Tax Statements Form Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration. Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3

What's New

Relocation of form ID on Form W-3. For consistency with the revisions to Form W-2, we relocated the form ID number ("33333") to the top left corner of Form W-3

Reminder

Separate instructions. See the 2007 Instructions for Forms W-2 and W-3 for information on completing this form

Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year File Form W-3 even if only one Form W-2 is being filed. If you are filing Form(s) W-2 electronically, do not file Form W-3.

When To File

File Form W-3 with Copy A of Form(s) W-2 by February 29, 2008

Where To File

Send this entire page with the entire Copy A page of Form(s) W-2 to

Social Security Administration **Data Operations Center** Wilkes-Barre, PA 18769-0001

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002 " If you use an IRS-approved private delivery service, add "ATTN W-2 Process, 1150 E Mountain Dr " to the address and change the ZIP code to "18702-7997 " See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services

Internal Revenue Service

05/03/08

		Adam Moyer		Allisen Frye			Amelia Stetler	
	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)			0.00			0.00		
adjustment rate			0.00			0.00		
Concession Stand	62.52	6.00	375.12	79.16	6.00	474.96		
Lifeguard			0.00			0.00	139.56	7.50
Maintenance			0.00			0.00		
Management			0.00			0.00		
Pool Cleaning			0.00			0.00		
POST SEASON			0.00			0.00		
Total Gross Pay	62.52		375.12	79.16		474.96	139.56	
Adjusted Gross Pay	62.52		375.12	79.16		474.96	139.56	
Taxes Withheld								
Federal Withholding			0.00			-2.00		
Medicare Employee			-5.44			-6.89		
Social Security Employee			-23.26			-29.45		
PA - Withholding			-11.51			-14.58		
PA - Unemployment Employee			-0.34			-0.43		
MIDDLETOWN			-6.57			-8.31		
Total Taxes Withheid			-47.12			-61.66		
Deductions from Net Pay								
OCC TAX			-52.00			-52.00		
Total Deductions from Net Pay			-52.00			-52.00		
Net Pay	62.52		276.00	79.16		361.30	139.56	
Employer Taxes and Contributions								
Federal Unemployment			3.00			3.80		
Medicare Company			5.44			6.89		
Social Security Company			23.26			29.45		
PA - Unemployment Company			6.22			7.87		
Total Employer Taxes and Contributions			37.92			48.01		

05/03/08

	Amelia Stet	Anthony Shipkowski			BAR	Brandon Li		
	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)	0.00			0.00			0.00	
adjustment rate	0.00			0.00			0.00	
Concession Stand	0.00			0.00			0.00	
Lifeguard	1,046.71	242.59	7.50	1,819.44			0.00	
Maintenance	0.00		6.50	0.00		-	0.00	
Management	0.00			0.00	8	500.00	2,687.50	
Pool Cleaning	0.00		6.50	0.00			0.00	11.85
POST SEASON	0.00			0.00			0.00	
Total Gross Pay	1,046.71	242.59		1,819.44	8		2,687.50	11.85
Adjusted Gross Pay	1,046.71	242.59		1,819.44	8		2,687.50	11.85
Taxes Withheld								
Federal Withholding	-11.00			-112.00			-192.00	
Medicare Employee	-15.18			-26.38			-38.97	
Social Security Employee	-64.90			-112.81			-166.63	
PA - Withholding	-32.14			-55.87			-82.48	
PA - Unemployment Employee	-0.94			-1.64			-2.42	
MIDDLETOWN	-18.32			-31.83			-47.04	
Total Taxes Withheld	-142.48			-340.53			-529.54	
Deductions from Net Pay								
OCC TAX	0.00			-52.00			0.00	
Total Deductions from Net Pay	0.00			-52.00			0.00	
Net Pay	904.23	242.59		1,426.91	8		2,157.96	11.85
Employer Taxes and Contributions								
Federal Unemployment	8.37			14.56			21.50	
Medicare Company	15.18			26.38			38.97	
Social Security Company	64.90			112.81			166.63	
PA - Unemployment Company	17.35			30.16			44.55	
Total Employer Taxes and Contributions	105.80			183.91			271.65	

05/03/08

	Brando	n Light	Bren	t Burger (Sec	/Tres)	B	rittany Shope	
	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)		0.00	1		7,000.00			0.00
adjustment rate		0.00			0.00			0.00
Concession Stand		0.00			0.00	94.62	6.25	591.39
Lifeguard		0.00			0.00			0.00
Maintenance		0.00			0.00			0.00
Management		0.00			0.00			0.00
Pool Cleaning	6.00	71.10			0.00			0.00
POST SEASON		0.00			0.00			0.00
Total Gross Pay		71.10	1		7,000.00	94.62		591.39
Adjusted Gross Pay		71.10	1		7,000.00	94.62		591.39
Taxes Withheld								
Federal Withholding		0.00			-857.00			-6.00
Medicare Employee		-1.03			-101.50			-8.58
Social Security Employee		-4.41			-434.00			-36.67
PA - Withholding		-2.18			-214.90			-18.16
PA - Unemployment Employee		-0.06			-6.30			-0.53
MIDDLETOWN		-0.71			-892.50			-10.36
Total Taxes Withheid		-8.39			-2,506.20			-80.30
Deductions from Net Pay OCC TAX		0.00			0.00			50 00
UCC TAX		0.00			0.00			-52.00
Total Deductions from Net Pay		0.00			0.00			-52.00
Net Pay		62.71	1		4,493.80	94.62		459.09
Employer Taxes and Contributions			····					
Federal Unemployment		0.57			56.00			4.73
Medicare Company		1.03			101.50			8.58
Social Security Company		4.41			434.00			36.67
PA - Unemployment Company		1.18			116.03			9.80
Total Employer Taxes and Contributions		7.19			707.53			59.78

05/03/08

	Carena Graham		Da	Daniel C Hepner			David Swartz	
	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)			0.00			0.00		
adjustment rate			0.00			0.00		
Concession Stand	114.31	6.25	714.46	62.95	6.00	377.70		
Lifeguard			0.00			0.00		
Maintenance			0.00			0.00		
Management			0.00			0.00		
Pool Cleaning POST SEASON			0.00 0.00	15.31	6.00	93.20 0.00	49.4	6.25
Total Gross Pay	114.31		714.46	78.26		470.90	49.4	
Adjusted Gross Pay	114.31		714.46	78.26		470.90	49.4	
Taxes Withheld								
Federal Withholding			-11.00			0.00		
Medicare Employee			-10.36			-6.83		
Social Security Employee			-44.30			-29.20		
PA - Withholding			-21.93			-14.47		
PA - Unemployment Employee			-0.64			-0.42		
MIDDLETOWN			-12.51			-8.24		
Total Taxes Withheld			-100.74			-59.16		
Deductions from Net Pay OCC TAX			50.00			-52.00		
OCC TAX			-52.00					
Total Deductions from Net Pay	,		-52.00			-52.00		
Net Pay	114.31		561.72	78.26		359.74	49.4	
Employer Taxes and Contributions			<i>*</i> 70					
Federal Unemployment			5.72 10.36			3.77 6.83		
Medicare Company Social Security Company			44.30			29.20		
PA - Unemployment Company			11.84			7.81		
Total Employer Taxes and Contributions			72.22			47.61		

05/03/08

	David Swartz	ε	rica Nagurney		Erin Kurtz			Hayden Fox
	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)	0.00			0.00			0.00	
adjustment rate	0.00			0.00			0.00	
Concession Stand	0.00			0.00			0.00	46.03
Lifeguard	0.00	335.93	8.00	2,687.44	275.52	7.50	2,066.42	
Maintenance	0.00			0.00			0.00	
Management	0.00			0.00			0.00	
Pool Cleaning	308.77			0.00			0.00	
POST SEASON	0.00			0.00			0.00	
Total Gross Pay	308.77	335.93		2,687.44	275.52		2,066.42	46.03
Adjusted Gross Pay	308.77	335.93		2,687.44	275.52		2,066.42	46.03
Taxes Withheld								
Federal Withholding	0.00			-224.00			-125.00	
Medicare Employee	-4.48			-38.97			-29.96	
Social Security Employee	-19.14			-166.62			-128.12	
PA - Withholding	-9.48			-82.51			-63.44	
PA - Unemployment Employee	-0.28			-2.42			-1.86	
MIDDLETOWN	-5.41			-47.02			-36.15	
Total Taxes Withheld	-38.79			-561.54			-384.53	
Deductions from Net Pay								
OCC TAX	-52.00			-52.00			-52.00	
Total Deductions from Net Pay	-52.00			-52.00			-52.00	
Net Pay	217.98	335.93		2,073.90	275.52		1,629.89	46.03
Employer Taxes and Contributions		<u></u>						
Federal Unemployment	2.47			21.50			16.53	
Medicare Company	4.48			38.97			29.96	
Social Security Company	19.14			166.62			128.12	
PA - Unemployment Company	5.12			44.55			34.25	
Total Employer Taxes and Contributions	31.21			271.64			208.86	•

05/03/08

	Hayde	m Fox		Holyn Fox		JACLYN BROGNIA		
	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07
Employee Wages, Taxes and Adjustments								
Gross Pay								
Officer Salary (Sec/Tres)		0.00			0.00			0.00
adjustment rate	_	0.00			0.00			0.00
Concession Stand	6.00	276.18			0.00			0.00
Lifeguard		0.00	101.07	7.50	758.03	166.89	9.00	1,502.01
Maintenance		0.00			0.00			0.00
Management		0.00			0.00			0.00
Pool Cleaning		0.00			0.00			0.00
POST SEASON		0.00			0.00			0.00
Total Gross Pay		276.18	101.07		758.03	166.89		1,502.01
Adjusted Gross Pay		276.18	101.07		758.03	166.89		1,502.01
Taxes Withheld								
Federal Withholding		-1.00			-22.00			-85.00
Medicare Employee		-4.00			-10.99			-21.78
Social Security Employee		-17.12			-47.00			-93.12
PA - Withholding		-8.48			-23.27			-46.12
PA - Unemployment Employee		-0.25			-0.68			-1.35
MIDDLETOWN		-4.84			-13.27			-26.29
Total Taxes Withheld		-35.69			-117.21			-273.66
Deductions from Net Pay								
OCC TAX		-52.00			-52.00			-52.00
Total Deductions from Net Pay		-52.00			-52.00			-52.00
Net Pay		188.49	101.07		588.82	166.89		1,176.35
Employer Taxes and Contributions								
Federal Unemployment		2.21			6.06			12.02
Medicare Company		4.00			10.99			21.78
Social Security Company		17.12			47.00			93.12
PA - Unemployment Company		4.58			12.57			24.90
Total Employer Taxes and Contributions		27.91			76.62			151.82

05/03/08

	JAN	IE E MCDONAL	.D		Julie Barbara		Kristin Hower	
	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)			0.00			0.00		
adjustment rate			0.00			0.00		
Concession Stand			0.00	30.01	6.00	180.06		
Lifeguard	240.36	9.00	2,163.24			0.00		•
Maintenance	12.15	8.00	97.20			0.00		
Management			0.00			0.00	79.51	9.00
Pool Cleaning		8.00	0.00			0.00		
POST SEASON			0.00			0.00		
Total Gross Pay	252.51		2,260.44	30.01		180.06	79.51	
Adjusted Gross Pay	252.51		2,260.44	30.01		180.06	79.51	
Taxes Withheld								
Federal Withholding			-152.00			0.00		
Medicare Employee			-32.78			-2.61		
Social Security Employee			-140.15			-11.16		
PA - Withholding			-69.40			-5.52		
PA - Unemployment Employee			-2.03			-0.16		
MIDDLETOWN			-39.56			-3.15		
Total Taxes Withheld			-435.92			-22.60		
Deductions from Net Pay OCC TAX			0.00			0.00		
OCC TAX			0.00			0.00		
Total Deductions from Net Pay	<u> </u>		0.00			0.00		
Net Pay	252.51		1,824.52	30.01		157.46	79.51	
Employer Taxes and Contributions								
Federal Unemployment			18.08			1.44		
Medicare Company			32.78			2.61		
Social Security Company			140.15			11.16		
PA - Unemployment Company			37.47			2.98		
Total Employer Taxes and Contributions			228.48			18.19		

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05/03/08

	Kristin Ho	LYN	IDSAY A FRAN	IK	M	Megan Guerrieri		Michele He
	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)	0.00			0.00			0.00	
adjustment rate	0.00	39.53	1.00	39.53			0.00	
Concession Stand	0.00			0.00	63.68	6.25	398.01	
Lifeguard	0.00	231.7 9	10.00	2,278.37			0.00	266.56
Maintenance	0.00	20.1	8.00	160.80			0.00	
Management	715.59	247.51	10.00	2,475.10			0.00	
Pool Cleaning	0.00			0.00			0.00	
POST SEASON	0.00			0.00			0.00	
Total Gross Pay	715.59	538.93		4,953.80	63.68		398.01	266.56
Adjusted Gross Pay	715.59	538.93		4,953.80	63.68		398.01	266.56
Taxes Withheld								
Federal Withholding	-52.00			-492.00			0.00	
Medicare Employee	-10.38			-71.83			-5.77	
Social Security Employee	-44.37			-307.14			-24.68	
PA - Withholding	-21.96			-152.09			-12.23	
PA - Unemployment Employee	-0.64			-4.46			-0.36	
MIDDLETOWN	-12.53			-86.69			-6.96	
Total Taxes Withheld	-141.88			-1,114.21			- 5 0.00	
Deductions from Net Pay								
OCC TAX	0.00			0.00			-52.00	
Total Deductions from Net Pay	0.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.00			-52.00	
Net Pay	573.71	538.93		3,839.59	63.68		296.01	266.56
Employer Taxes and Contributions								
Federal Unemployment	5.72			39.63			3.18	
Medicare Company	10.38			71.83			5.77	
Social Security Company	44.37			307.14			24.68	
PA - Unemployment Company	11.86			82.11			6.60	
Total Employer Taxes and Contributions	72.33			500.71			40.23	

05/03/08

Middletown Swim Club Inc Payroll Summary January through December 2007

MIKE RHEN Nathan Bradley **Michele Herneisey** Rate Rate Jan - Dec 07 Hours Rate Jan - Dec 07 Hours Jan - Dec 07 **Employee Wages, Taxes and Adjustments** Gross Pay Officer Salary (Sec/Tres) 0.00 0.00 0.00 0.00 0.00 0.00 adjustment rate 0.00 0.00 0.00 **Concession Stand** Lifeguard 7.50 1.999.21 0.00 0.00 0.00 0.00 Maintenance 0.00 0.00 152.42 9.00 1,371.78 0.00 Management **Pool Cleaning** 0.00 7.46 8.00 59.68 45.88 6.25 286.76 POST SEASON 0.00 0.00 0.00 **Total Gross Pay** 1,999.21 159.88 1,431.46 45.88 286.76 45.88 286.76 **Adjusted Gross Pay** 1,999.21 159.88 1,431.46 **Taxes Withheld** Federal Withholding -35.00 -9.00 0.00 -4.16 -20.76 Medicare Employee -28.99 -123.95 -88.75 -17.78 Social Security Employee -8.81 -61.39 -43.96 PA - Withholding PA - Unemployment Employee -1.80 -1.29 -0.26 -5.01 MIDDLETOWN -34.99 -25.06 **Total Taxes Withheld** -286.12 -188.82 -36.02 **Deductions from Net Pay** -52.00 OCC TAX -52.00 0.00 -52.00 0.00 -52.00 **Total Deductions from Net Pay** 1,661.09 159.88 1,242.64 45.88 198.74 Net Pay **Employer Taxes and Contributions** 11.45 2.29 Federal Unemployment 15.99 28.99 20.76 4.16 Medicare Company Social Security Company 123.95 88.75 17.78 PA - Unemployment Company 33.14 23.73 4.75 28.98 **Total Employer Taxes and Contributions** 202.07 144.69

05/03/08

	Ryan P Leahy		SARAH R LEISEY			SUSAN K. STEELE		
	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)			0.00			0.00		
adjustment rate			0.00			0.00		
Concession Stand	104.08	6.00	624.48			0.00		
Lifeguard			0.00			0.00		
Maintenance			0.00	15	8.00	120.00		
Management			0.00	28.34	10.00	283.40	9	1,571.43
Pool Cleaning			0.00			0.00		
POST SEASON			0.00			0.00	1	500.00
Total Gross Pay	104.08		624.48	43.34		403.40	10	
Adjusted Gross Pay	104.08		624.48	43.34		403.40	10	
Taxes Withheld								
Federal Withholding			0.00			-4.00		
Medicare Employee			-9.05			-5.85		
Social Security Employee			-38.72			-25.01		
PA - Withholding			-19.16			-12.37		
PA - Unemployment Employee			-0.56			-0.36		
MIDDLETOWN			-10.93			-7.06		
Total Taxes Withheld			-78.42			-54.65		
Deductions from Net Pay								
OCC TAX			-52.00			0.00		
Total Deductions from Net Pay			-52.00			0.00		
Net Pay	104.08		494.06	43.34		348.75	10	
Employer Taxes and Contributions								
Federal Unemployment			5.00			3.23		
Medicare Company			9.05			5.85		
Social Security Company			38.72			25.01		
PA - Unemployment Company			10.35			6.69		
Total Employer Taxes and Contributions			63.12			40.78		

05/03/08

	SUSAN K	r	aylor Koncar		тс	TODD SMALSTIG		TY SMALS
	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours
Employee Wages, Taxes and Adjustments								
Gross Pay								
Officer Salary (Sec/Tres)	0.00			0.00			0.00	
adjustment rate	0.00			0.00			0.00	
Concession Stand	0.00	42.45	6.00	254.70		8.00	0.00	
Lifeguard	0.00			0.00	454.11	9.00	4,086.99	
Maintenance	0.00			0.00	10.45	8.00	83.60	9
Management	11,500.01			0.00			0.00	460.8
Pool Cleaning	0.00			0.00	10.62	8.00	84.96	
POST SEASON	500.00			0.00			0.00	
Total Gross Pay	12,000.01	42.45	-	254.70	475.18		4,255.55	469.8
Adjusted Gross Pay	12,000.01	42.45		254.70	475.18		4,255.55	469.8
Taxes Withheld								
Federal Withholding	-1,713.00			0.00			-399.00	
Medicare Employee	-174.00			-3.69			-61.71	
Social Security Employee	-744.00			-15.79			-263.84	
PA - Withholding	-368.39			-7.82			-130.65	
PA - Unemployment Employee	-10.80			-0.23			-3.83	
MIDDLETOWN	-210.01			-4.46			-74.45	
Total Taxes Withheld	-3,220.20			-31.99			-933.48	
Deductions from Net Pay								
OCC TAX	0.00			-52.00			-52.00	
Total Deductions from Net Pay	0.00			-52.00			-52.00	
Net Pay	8,779.81	42.45		170.71	475.18		3,270.07	469.8
Employer Taxes and Contributions								
Federal Unemployment	56.00			2.04			34.04	
Medicare Company	174.00			3.69			61.71	
Social Security Company	744.00			15.79			263.84	
PA - Unemployment Company	132.61			4.22			70.54	
Total Employer Taxes and Contributions	1,108.61			25.74			430.13	

05/03/08

	TY SM	ALSTIG	Za	chery Crumlicl	h	TOTAL		
	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07	Hours	Rate	Jan - Dec 07
Employee Wages, Taxes and Adjustments Gross Pay								
Officer Salary (Sec/Tres)		0.00			0.00	1.00		7.000.00
adjustment rate		0.00			0.00	39.53		39.53
Concession Stand		0.00			0.00	699.81		4,267.06
Lifeguard	9.00	0.00			0.00	2,454.38		20,407.86
Maintenance	8.00	72.00			0.00	66.70		533.60
Management	10.00	4,608.00			0.00	985.58		23,641.38
Pool Cleaning	8.00	0.00	60.32	6.25	377.01	200.84		1,281.48
POST SEASON		0.00			0.00	1.00		500.00
Total Gross Pay		4,680.00	60.32		377.01	4,448.84		57,670.91
Adjusted Gross Pay		4,680.00	60.32		377.01	4,448.84		57,670.91
Taxes Withheld								
Federal Withholding		-465.00			0.00			-4,969.00
Medicare Employee		-67.86			-5.47			-836.25
Social Security Employee		-290.16			-23.37			-3,575.62
PA - Withholding		-143.67			-11.57			-1,770.51
PA - Unemployment Employee		-4.21			-0.34			-51.89
MIDDLETOWN		-81.90			-6.60			-1,778.73
Total Taxes Withheld		-1,052.80			-47.35			-12,982.00
Deductions from Net Pay OCC TAX		0.00			-52.00			-988.00
		0.00			-52.00			-300.00
Total Deductions from Net Pay		0.00			-52.00			-988.00
Net Pay		3,627.20	60.32		277.66	4,448.84		43,700.91
Employer Taxes and Contributions								III I II III III III III III III
Federal Unemployment		37.44			3.02			421.36
Medicare Company		67.86			5.47			836.25
Social Security Company		2 9 0.16			23.37			3,575.62
PA - Unemployment Company		77.58			6.25			889.66
Total Employer Taxes and Contributions		473.04			38.11			5,722.89

REV-183 EX (6-96)

A A A A A A A A A A A A A A A A A A A
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
DEPT 280603
HARRISBURG, PA 17128-0603

REALTY TRANSFER TAX STATEMENT OF VALUE

See Reverse for Instructions

RECORDER'S USE ONLY

State Tax Paid

Book Number Page Number

Date Recorded

Complete each section and file in duplicate with Recorder of Deeds when (1) the full value/consideration is not set forth in the deed, (2) when the deed is without consideration, or by gift, or (3) a tax exemption is claimed. A Statement of Value is not required if the transfer is wholly exempt from tax based on: (1) family relationship or (2) public utility easement. If more space is needed, attach additional sheet(s).

	CORRESPONDENT - All inquiries may be directed to the following person:								
Nome City Line Abstract Company			Telephone Numb						
Street Address	City		Area Code (t State	510) 664-9422					
15 St. Asaph's Road	•	a Cynwyd	PA	Zıp Code 19004					
B TRANSFER DATA		Date of Acceptance of	Document O	ctober 22, 2007					
Grantor(s)/Lessor(s) Principal and Trustee	s of the Emaus	Grantee(s)/Lessee(s)		·····					
Orphan House		Street Address	ennsylvania	Turnpike Commission					
	Address C/O Yost + Davidson, John Davidson 20 W. Chocolate Ave								
City State	Zip Code	PO Box 67676	s	itate Zip Code					
Hershey Pa	17033-0437	Harrisburg		PA 17106-7676					
C PROPERTY LOCATION	<u> </u>	······································							
Street Address	, , , , , , , , , , , , , , , , , , ,	City, Township, Borough		······					
Union Street		Middletown							
County Dauphin	School District		Tax Parcel Num						
			42-042-00]3					
D VALUATION DATA 1. Actual Cash Consideration	2. Other Consideration								
140,597.00			3. Total Conside = 140,5						
4. County Assessed Value	+ U 5. Common Level Ratic Fa	ctor	6. Fair Market V						
	× 1.00		=						
E EXEMPTION DATA	1		• I • • • • • • • • • • • • • • • • • • •						
Ia. Amount of Exemption Claimed	1b. Percentage of Interest	Conveyed	- <u></u> -						
100%	100% 100%								
2. Check Appropriate Box Below for Exemp	tion Claimed								
Will or intestate succession	(Name of Dec	edent)	(Estate Fi	le Number}					
Transfer to Industrial Development Age	ncy.								
Transfer to a trust. (Attach complete co	py of trust agreement ide	ontifying all beneficiaries	s.)						
Transfer between principal and agent.	(Attach complete copy of	agency/straw party ag	reement.)						
X Transfers to the Commonwealth, the Un	ited States and Instrumer	ntalities by aift, dedicati	ion, condemnatio	n or in lieu of condemnation					
(If condemnation or in lieu of condemna									
Transfer from mortgagor to a holder of	a mortgage in default. /	Mortgage Book Numbe	r	, Page Number					
Corrective or confirmatory deed. (Attac	h complete copy of the p	rior deed being correct	ed or confirmed.)					
Statutory corporate consolidation, merg	er or division. (Attach co	py of articles.)							
Other (Please explain exemption claime									
				<u>, </u>					
			····						
······································			····						
Under penalties of law, I declare that I have ey and belief, It is true, correct and complete.	camined this Statement,	including accompanyi	ng information, o	and to the best of my knowledge					
Signature of Correspondent or Responsible Party	<u></u>		· · ·, ·, - ,···	Date					
KAIL MARNIDIA	1			10-25-07					
	· · · · · · · · · · · · · · · · · · ·								

REV-183 EX (6-96)

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REALTY TRANSFER TAX STATEMENT OF VALUE

See Reverse for Instructions

RECORDER'S USE ONLY

State Tax Paid Book Number

Page Number

Date Recorded

Complete each section and file in duplicate with Recorder of Deeds when (1) the full value/consideration is not set forth in the deed, (2) when the deed is without consideration, or by gift, or (3) a tax exemption is claimed. A Statement of Value is not required if the transfer is wholly exempt from tax based on: (1) family relationship or (2) public utility easement. If more space is needed, attach additional sheet(s). **CORRESPONDENT - All inquiries may be directed to the following person:** ۵

	All inquiries may	De dilected to th	Telephone Number:	·			
City Line Abstract Compa	iny		•	64-9422			
Street Address	Gi	•	State	Zip Code			
15 St. Asaph's Road	B;	la Cynwyd PA 19004					
B TRANSFER DATA	<u> </u>		Date of Acceptance of Document October 22, 2007				
Grantor(s)/Lessor(s) Middletown	Swim Club	Grantee (s)/Lessee (s) Pennsylvania Turnpike Commission					
Street Address		Street Address					
137 East High Street		PO Box 67676					
City Middletown	State Zip Code PA	City	State	Zip Code			
		Harrisburg	PA	17106-7676			
C PROPERTY LOCA	AIION	City, Township, Boroug	h				
Union Street		Middletown					
County	School District		Tax Parcel Number				
Dauphin			42-042-003				
D VALUATION DA	TA		*				
1. Actual Cash Consideration			3. Total Consideration				
-	140,597.00 + 0		= 140,597.00				
4. County Assessed Value		5. Common Level Ratio Factor					
	× 1.00		=				
E EXEMPTION DAT							
1a. Amount of Exemption Claimed 100%	1b. Percentage of Intere 100%	asr Conveyed					
2 Check Appropriate Box Below	for Exemption Claimed						
Will or intestate succession							
Transfer to Industrial Develo	(Name of D	Decedent)	(Estate File Number)				
	complete copy of trust agreement i	identifying all beneficiari	es.)				
—	and agent. (Attach complete copy						
	alth, the United States and Instrum of condemnation, attach copy of re		ation, condemnation or in lie	u of condemnation.			
Transfer from mortgagor to	a holder of a mortgage in default	t. Mortgage Book Numb	er, Page N	umber			
Corrective or confirmatory c	deed. (Attach complete copy of the	e prior deed being corre	cted or confirmed.)				
Statutory corporate consolic	lation, merger or division. (Attach	copy of articles.)					
Other (Please explain exem	ption claimed, if other than listed a	above.)					
Under penalties of law, I declare th	at I have examined this Statemer	nt. including accompany	ving information, and to the	best of my knowled			
and belief, it is true, correct and	complete.			Kievilla			
Signature of Correspondent or Respon	sipierany ()	\sim	Date				

gnature of Correspondent or Responsi	ible Party	\wedge	Date
ford "	> tit	. 4	10-25-07

THIS INDENTURE, made the 27^{M} day of <u>September</u> in the year of Our Lord Two Thousand Seven (2007)

Between MIDDLETOWN SWIM CLUB and the PRINCIPAL AND TRUSTEES OF THE EMAUS ORPHAN HOUSE, of Dauphin County, Pennsylvania, (hereinafter called the grantor) of the one part,

- A N D -

PENNSYLVANIA TURNPIKE COMMISSION, an instrumentality of the Commonwealth of Pennsylvania with its principal office in the Borough of Middletown, County of Dauphin, Commonwealth of Pennsylvania (hereinafter called the grantee) of the other part,

Witnesseth, that said grantor for and in consideration of the sum of One Dollar (\$1.00) AND OTHER GOOD AND VALUABLE CONSIDERATION, lawful money of the United States of America, unto them well and truly paid by the said grantee at or before the sealing and delivery hereof, the receipt whereof is hereby acknowledged, has granted, bargained and sold, released and confirmed, and by these presents does grant, bargain and sell, release and confirm unto the said grantee, its successors and assigns,

All that certain tract or parcel of land situated in the Borough of Middletown, Dauphin County, Commonwealth of Pennsylvania, being bound and described according to Pennsylvania Turnpike Commission Plan No. R/W 4021-A, dated May 24, 2007, and as follows to wit:

REQUIRED RIGHT-OF-WAY FOR LIMITED ACCESS

Beginning at a point on the northern Legal Right-of-Way Line for Limited Access of the grantee, where it intersects the eastern boundary line of the grantor, said point being located 100.00 feet left of and opposite Turnpike Survey & R/W Baseline Station 253+39.24±;

Thence along the northern Legal Right-of-Way Line for Limited Access of the grantee, South 89° 45' 34" West, 313.34 feet to a

point being located 100.00 feet left of and opposite Turnpıke Survey & R/W Baseline Station 250+25.89±;

Thence along the same, by a curve to the right, having a radius of 11,359.19 feet, an arc length of 375.08 feet and a chord North 89° 17' 41" West, 375.06 feet to a point being located 100.00 feet left of and opposite Turnpike Survey & R/W Baseline Station 246+47.51±;

Thence along the same, North 88° 20' 55" West, 220.93 feet to a point being located 100.00 feet left of and opposite Turnpike Survey & R/W Baseline Station 244+26.58±, said point also located on the Required Right-of-Way Line for Limited Access;

Thence through lands of the grantee, North 02° 04' 38" East, 556.72 feet to a point being located 656.71 feet more or less left of and opposite Turnpike Survey & R/W Baseline Station 244+30.72±, said point also at lands now or formerly of Woodland Hills Subdivision (HT Partners);

Thence along lands now or formerly of Woodland Hills Subdivision (HT Partners), South 43° 19' 04" East, 474.05 feet to a point being located 320.69 feet more or less feet left of and opposite Turnpike Survey & R/W Baseline Station 247+69.15±;

Thence along the same, South 88° 21' 01" East, 558.78 feet to a point being located 305.06 feet more or less left of and opposite Turnpike Survey & R/W Baseline Station 253+34.83±;

Thence along the same, South 55° 37' 54" East, 76.90 feet to a point being located 261.38 feet more or less left of and opposite Turnpike Survey & R/W Baseline Station 253+98.12±;

Thence along the same, South 19° 48' 24" West, 171.79 feet to the point of beginning.

Containing 5.935 Acres.

UNDER AND SUBJECT to all exceptions, reservations, easements, rights-of-way, rights, privileges, etc. as may be contained in prior instruments of record.

BEING part of Tax Parcel Number 42-042-003.

Being a portion of the same property Henry E. Spire and Irma E. Spire, his wife, Fred A. Kehres and Irene A. Kehres, by their

deed dated September 21, 1957, and recorded October 22, 1957, in the Recorder of Deeds Office in and for Dauphin County at Harrisburg, Pennsylvania, in Deed Book Q42, at page 308, granted and conveyed unto Middletown Swim Club, Inc.

The Principal and Trustees of the Emaus Orphan House is a corporation incorporated under a Special Act of Assembly entitled "An Act Relative to the Estate of George Frey, Deceased" approved June 20, 1839, Pamphlet Laws of 1838-39, Page 346, et. seq. and is the statutory trustee of the Estate of George Frey. The Principal and Trustees of the Emaus Orphan House execute this deed for the purpose of conveying fee simple title to the premises described herein to the Grantee pursuant to and under the authority of a certain order of court entered the 31st day of July, 2007 by the Honorable Todd Hoover and entered in the Court of Common Pleas, Dauphin County, Pennsylvania, Orphans' Court Division to No. 420 Year of 1937.

And the said grantor for its heirs, executors, administrators, successors and assigns, does hereby release, quitclaim and forever discharge the grantee, its successors and assigns of and from any and all actions, rights-of-action, suits, demands, claims and damages of every type or character whatsoever which in law or equity the grantors ever had, now have or may hereafter have for or by reason of the construction, operation and maintenance of the Pennsylvania Turnpike through or upon the land herein conveyed.

PURSUANT TO ACTS OF JANUARY 24, 1966, P.L. (1965) 1535, NO. 537 §7.1 AND ADDITIONS AND OF JULY 7, 1980, P.L. 380 NO. 97 §405 (TITLE 35 P.S. §750.7a AND §6018.405 RESPECTIVELY)GRANTOR HEREBY STATES THAT THIS PROPERTY IS NOT SERVICED BY A COMMUNITY SEWAGE FACILITY AND THAT TO GRANTOR'S KNOWLEDGE NO HAZARDOUS WASTE IS OR HAS BEEN DISPOSED OF ON THIS PROPERTY.

PURSUANT TO THE ACTS OF JULY 17, 1957, P.L. 984 SECTION ONE AND AMENDMENTS THERETO THE FOLLOWING IS INCLUDED:

"THIS DOCUMENT MAY NOT SELL, CONVEY, TRANSFER, INCLUDE OR INSURE THE TITLE TO THE COAL AND RIGHT OF SUPPORT UNDERNEATH THE SURFACE LAND DESCRIBED OR REFERRED TO HEREIN, AND THE OWNER OR OWNERS OF SUCH COAL MAY HAVE THE COMPLETE LEGAL RIGHT TO REMOVE ALL OF SUCH COAL AND, IN THAT CONNECTION, DAMAGE MAY RESULT TO THE SURFACE OF THE LAND AND ANY HOUSE, BUILDING OR OTHER STRUCTURE ON OR IN SUCH LAND. THE INCLUSION OF THIS NOTICE DOES NOT ENLARGE, RESTRICT OR MODIFY ANY LEGAL RIGHTS OR ESTATES OTHERWISE CREATED, TRANSFERRED, EXCEPTED OR RESERVED BY THIS INSTRUMENT."

NOTICE THE UNDERSIGNED, AS EVIDENCED BY THE SIGNATURES TO THIS NOTICE AND THE ACCEPTANCE AND RECORDING OF THIS DEED IS/ARE FULLY COGNIZANT OF THE FACT THAT THE UNDERSIGNED MAY NOT BE OBTAINING THE RIGHT OF PROTECTION AGAINST SUBSIDENCE, AS TO THE PROPERTY HEREIN CONVEYED, RESULTING FROM COAL MINING OPERATIONS AND THAT THE PURCHASED PROPERTY, HEREIN CONVEYED, MAY BE PROTECTED FROM DAMAGE DUE TO MINE SUBSIDENCE BY A PRIVATE CONTRACT WITH THE OWNERS OF THE ECONOMIC INTEREST IN THE COAL. THIS NOTICE IS INSERTED TO COMPLY WITH THE BITUMINOUS MINE SUBSIDENCE AND LAND CONSERVATION ACT OF 1966.

WITNESS:

PENNSYLVANIA TURNPIKE COMMISSION

Rosenn Nebrig BY Marija K. Kn

And the said grantor, its heirs, executors, administrators, successors and assigns does covenant and agree to and with the said grantee, its successors and assigns, by these presents that the said grantor and its heirs, executors, administrators, successors, and assigns all and singular the hereditaments and premises hereby granted or mentioned and intended so to be, with the appurtenances unto the said grantee, its successors and assigns against them, the said grantor and its heirs, executors, administrators, successors, and assigns and against all and every person and persons whomsoever by, from or under it or any of them lawfully claiming or to claim the same or any part thereof shall and will subject as aforesaid specially WARRANT AND FOREVER DEFEND.

This Deed is being granted in lieu of condemnation.

IN WITNESS WHEREOF, the grantor has hereunto set its hand and seal the day and year first above written.

ATTEST:

MIDDLETOWN SWIM CLUB, INC.

E Stat (JSEAL)

WITNESS:

PRINCIPAL AND TRUSTEES OF THE EMAUS ORPHAN HOUSE

a Janken

By: Malter H. Reider (SEAL) Walter H. Reider

Commonwealth of Pennsylvania) County of Dauphin SS: On the 25 day of <u>October</u> A.D. 2007, before me personally appeared the above named <u>Rena(d & Stefler Jr</u>, in his/her capacity as <u>President</u> of Middletown Swim Club, Inc., and in due form of

law acknowledged the above Indenture to be his/her act and deed, on behalf of Middletown Swim Club, and desired the same might be recorded as such.

WITNESSETH my hand and 26 seal the day and year above written.

Day G Ba (Seal)

MY COMMISSION EXPIRES:

COMMONWEALTH OF PENNSYLVANIA

Notanal Seal Barry A. Bathurst, Notary Public Middletown Boro, Dauphin County My Commission Expires Jan. 13, 2009

Member, Pennsylvania Association of Notaries

Commonwealth of) County of Dauphin) SS:

On the <u>27</u>^{fb} day of <u>September</u> A.D. 2007, before me personally appeared the above named welter H. Reider, President , in his/her capacity as Principal and Trustees of the Emaus Orphan House, and in due form of law acknowledged the above Indenture to be his/her act and deed, on behalf of Emaus Orphan House, and desired the same might be

WITNESSETH my hand and 21^{th} seal the day and year above written.

(Seal)

MY COMMISSION EXPIRES:

SS:

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Robyn L. Bruce, Notary Public Derry Twp., Dauphin County My Commission Expires June 12, 2010

The Principal office of the within named grantee 1s P. O. Box 67676, Harrisburg, PA 17106-7676.

COMMONWEALTH OF PENNSYLVANIA

DAUPHIN COUNTY

recorded as such.

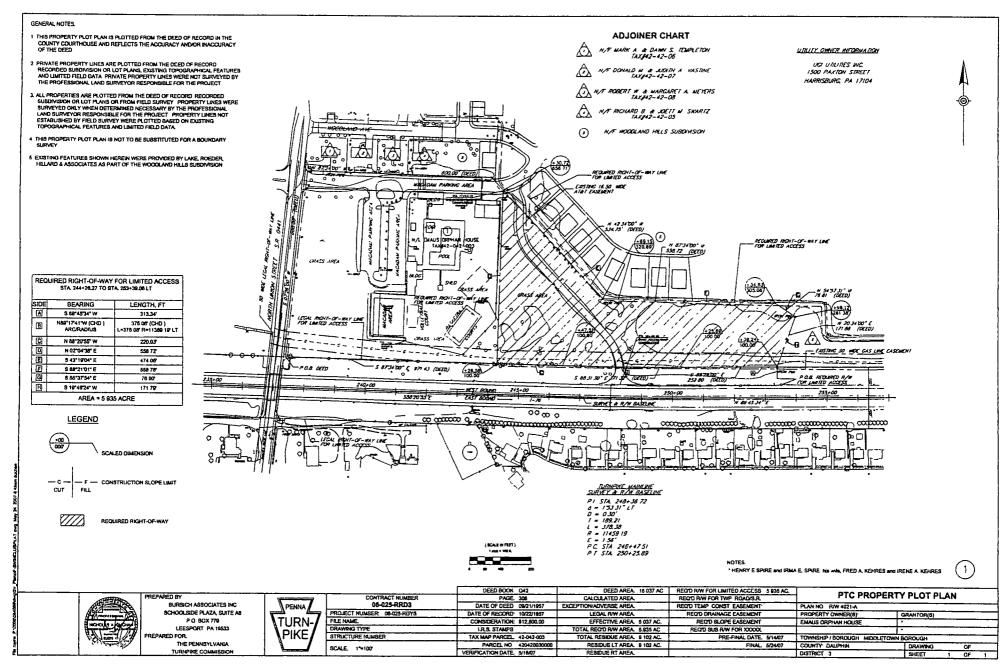
RECORDED in the office for recording of deeds, in and for the county of Dauphin in Deed Book ______ Vol._____ Vol._____

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WITNESS my hand and seal of office, this _____ day of _____ Anno Domini 2007.



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Agenda Item G-3 (g) MEETING 8/28/07

	PENNSY	LVANIA TUKNPIKE CUMIN	1133107	
				APPROVED BY 6 28/07 PENNSYLVANIA TI IRNPIKE COMMISSION
Date:		August 15, 2007		
To:		THE PENNSYLVANIA TURNP	IKE CO	IMISSION Stuid (Munda
From:		Jeanmarie McLaughlin		U.C.M. WINCOLL
Subject:		Replacement of Swatara Creek B	ridge	Assistant Secretary and Treasurer all
-		EB-314, M. P. 251.08	U	
		Principal and Trustees of the Em	aus Orpi	an House and the
		Middletown Swim Club, R/W 402	-	
Funding	Source:	Capital Funding: PPP #	T251.08	
0		Project/Sub-Project #	06-025-]	RRD3-A
		Operating Funding: Account #	n/a	

It is recommended that the Commission authorize and approve the following:

In order to construct the Swatara Creek bridge replacement project, it is necessary to acquire property from the Principal and Trustees of the Emaus Orphan House and the Middletown Swim Club, (R/W 4021-A), a partial take. Negotiations with the property owners have been successful. Therefore, the Legal Department recommends the Commission approve acquisition of R/W 4021-A by authorizing the issuance of a check in the amount of \$142,709.00, payable to City Line Abstract, representing fair market value and pro-rated taxes. Further, to authorize the appropriate Commission officials to execute the agreement of sale and to authorize the payment of additional statutory damages as determined by the Legal Department and approved by the Chief Executive Officer. Payment of fair market value to the property owners is contingent upon their delivery of a deed prepared by the Legal Department.

n/aValidation Memo attached (if necessary)	n/aSole Source Request attached (if necessary)
Jeanmarie Mc bauchlin	1 (moon Allall \$117/07
[Name/Title of Requestor]	Cajef of Department/Dept Head
CONCUR:	Cill?
	5. Brimmeier
Chief Ex	cerutive Officer

ULLY LINE ABSTRACT COMPANY

Date: 11/02/07 Amount: 2,109.00 File Number: TPC-06-011 Check #: 12205

Pay To: Middletown Swim Club

Buyer: Pennsylvania Turnpike Commission Seller: Middletown Swim Club, Inc. a Pennsylvania and Principal and Trustees of the Emaus Orph; Property: Union Street, Middletown Borough

2,109.00 Tax ProRation due to Middleto



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CITY LINE ABSTRACT COMPANY

12206

Date: 11/02/07 Amount: 130,246.00 File Number: TPC-06-011 Check #: 12206

Pay To: Middletown Swim Club

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Buyer: Pennsylvania Turnpike Commission Seller: Middletown Swim Club, Inc. a Pennsylvania and Principal and Trustees of the Emaus Orph. Property: Union Street, Middletown Borough

130,246.00 Funds due Middletown Swim Clu