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A MESSAGE FROM THE PRESIDENT OF THE PAFP



Advocating. Meaningful. These five words come to mind as I consider the state of Pennsylvania Academy of Family Physicians (PAFP) who for over 70 years has maintained a proud past and supports a promising future. Our organization continues to grow and make an incredible impact in the Commonwealth for family medi-

cine and the patients we serve. We strive through our efforts to attain our vision as an organization.

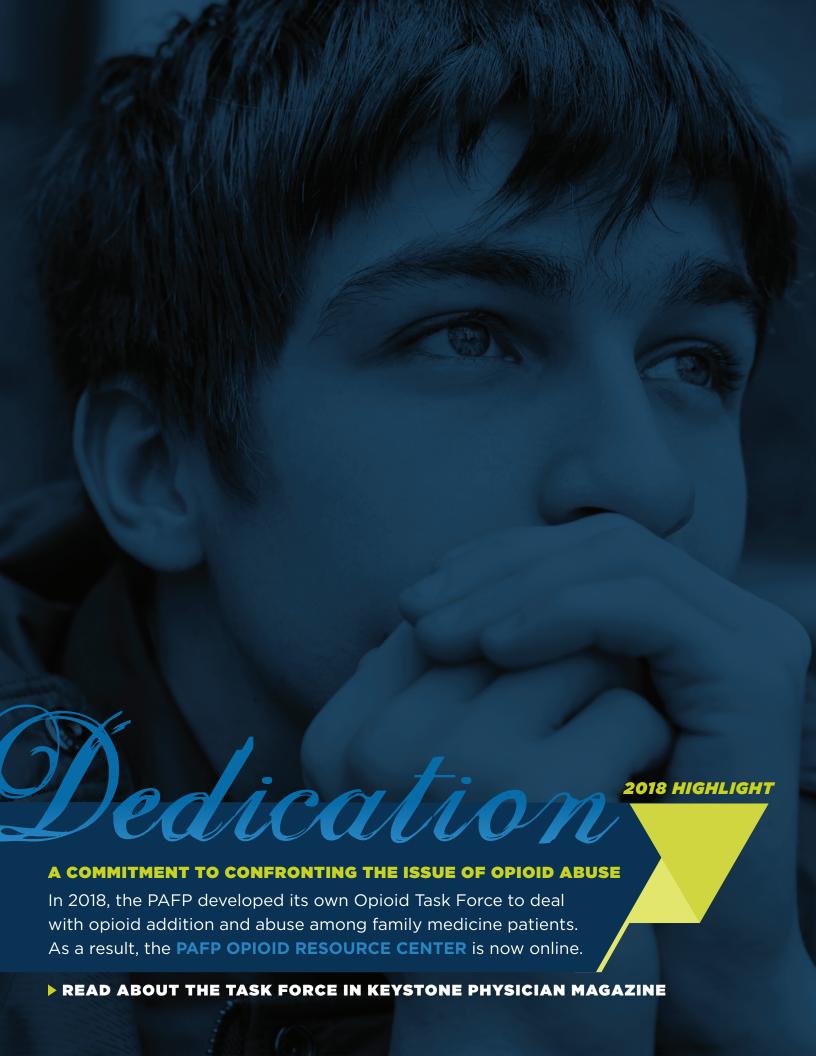
Our Committee on Continuing Professional Development (COCPD) and our Communications Department worked diligently in 2018 to continue to provide evidence-based resources among family physicians and physicians-in-training through our CME offerings, social media presence, and state of the art website. Our CME events continue to draw an outstanding array of topics and speakers, discussing pertinent public health issues facing our communities. Furthermore, the PAFP continues to stand as a leader in addressing the overdose crisis through educational efforts and our new resource page on our website featuring tools for evidence-based chronic pain management as well as treatment services for individuals with opioid use disorder.

Our strong advocacy efforts on important legislative issues, managed by our Government and Practice Advocacy Committee (GPAC) continue to place our organization in high regard by both the legislative and administrative branches of government. Our work regarding prior authorizations in the state awarded us the Leadership in State Government Advocacy Award from the AAFP, incidentally for the 3rd time in the past 5 years. Additionally, our advocacy work has created stronger partnerships with the house of medicine in Pennsylvania, developing a coalition with Pennsylvania primary care including the Pennsylvania Osteopathic Medical Association (POMA), Pennsylvania Chapter of the American Academy of Pediatrics (AAP), and the Pennsylvania Chapter of the American College of Physicians (ACP).

The PAFP remains a benchmark organization on the national level. As a consistent leader at the national level, the PAFP is proud to have several of our members serving on national AAFP Commissions. 2018 brought the election of former PAFP President Dennis L. Gingrich to the AAFP Board of Directors as well as former PAFP President Douglas Spotts serves as president of the AAFP Foundation. Many of our members are







serving as leaders in the Pennsylvania Medical Society, their county medical societies, their health systems, and their communities. We continue to grow leaders from our ranks through our Governance and Leadership Committee's Leadership Academy which had its inaugural event at our CME at Nemacolin Resorts.

Our future lies in our residents and student members. Our Resident and Student Affairs Committee remains heavily engaged in promoting student interest in family medicine and supporting the outstanding residents that train in Pennsylvania. We continue to promote funding for residency expansion through state funding to support added residency slots at several of our programs and are excited to partner with the AAFP for the upcoming FMX in Philadelphia in 2019 to encourage student and resident participation.

Undoubtedly, 2019 will bring another strong year. We will embark on strategic planning for the organization to advance us into the future. We recently shared our legislative agenda for the upcoming year with you and for the first time, brought it to you live over social media. We will continue to advance community and population health efforts through addressing public health issues with our partner organizations as well as naming our first awardee of the PAFP Public Health Award. We look forward to a full slate of live events, including our annual business meeting, awards ceremony, research day, and election of new officers in Gettysburg in March where we will inaugurate incoming PAFP President Mary Stock-Keister, MD.

The state of our Academy is quite strong. While we understand that family physicians face real challenges in practice and in life, the PAFP continually sees opportunity in adversity to promote our specialty and its value to the Commonwealth. Those qualities of dedication, resourcefulness, enhancing, advocating, and meaningful are quite poignant as it truly has been a dream to serve as your president. I thank you for this incredible honor and am truly proud of the work we have accomplished together. I have valued your friendship, your support, and your membership more than I can express. You have inspired the dream on which the PAFP was built. And with that dream, I see a promising future ahead of us.





www.pafp.com

President

The Pennsylvania Academy of Family Physicians

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David T. O'Gurek, MD, FAAFP



A MESSAGE FROM THE EXECUTIVE VICE PRESIDENT AND CEO OF THE PAFP



Over the past year, the Pennsylvania Academy of Family Physicians has seen a steady growth in the membership market share, continuing education programs, member communications including social media, residents and students and advocacy efforts related to practice management. As reported in 2017, the governance restructuring has been a success with increased efficiency and

member interest serving on the Board of Directors and Committees. I credit the Governance and Leadership Committee for their due diligence and engaging PAFP members of "being involved".

The PAFP's mission statement remains: "The Academy and its Foundation will support its members through advocacy and education to ensure physician-coordinated, personalized, and comprehensive quality health care for every Pennsylvanian." From this perspective, the PAFP Board of Directors has augmented its strategic priorities. In early 2019, the Board of Directors, Committee Chairs, and Staff will be dedicating a weekend to review the PAFP's future strategic direction.

This past November, the PAFP Leadership Institute kickoff was held at the Nemacolin Woodlands Resort. University of Maryland professor Dr. Eugene Schnell, facilitated the first session. The mission of the Institute is to "provide members with the skills to be influential community leaders and advocates of family medicine." By participating in the Institute, the member would have an understanding how "leadership" manifests itself in many different ways, and in different settings – with an emphasis in the field of medicine. The objectives include developing communications skills, explore the entrepreneurial side of family medicine, become a source of knowledge, inspiration and guidance to others, display emotional intelligence, to include compassion and understanding to all appropriate audiences and lastly, articulate the value and worth of serving medicine as family practitioners. The 2019 schedule includes a webinar on January 22, live session in Gettysburg on March 9, and a second webinar on May 7.

Family physicians who attend the educational programs throughout the state, continue to praise the quality of faculty and content of the programs. In 2019, the PAFP will continue to provide quality educational programs including a one-day live CME event. The 2019 Annual Business meeting will be held in Gettysburg, March 8-10. This past year, the PAFP continues to be an active participant, meeting with state legislators to

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discuss issues related to direct primary care, scope of practice, credentialing reform, and prior authorization.

I encourage all members to visit the PAFP Connect, where you can discuss specific issues or concerns. Learning from the community and your colleagues can be a rewarding experience. You are able to communicate privately, hold group discussions, and collaborate on projects related to family medicine. As always, it has been a privilege to serve the PAFP for the last 20 years. It is always enjoyable traveling throughout the state, meeting and talking with family physicians regarding issues that are so important in their practices and daily lives.

I wish you good health and continued success in 2019 and thank you for all you do for family medicine.

John S. Jordan, CAE

John &

Executive Vice President and CEO

The Pennsylvania Academy of Family Physicians

2018

PAFP LAUNCHES THE LEADERSHIP INSTITUTE

Launched in 2018, the PAFP Leadership Institute was developed to help Pennsylvania's family physicians discover their full leadership potential. Through a series of live and online seminars, the PAFP provided training necessary for becoming an influential leader and advocate for family medicine. We've learned that family medicine has natural leaders waiting in the wings, ready to change their practices, their communities, and their world.

WATCH SAMPLE TALKS FROM THE PAFP
LEADERSHIP SERIES



(clockwise) Alex Fried and Laszlo Varga of Proctor & Gamble, Coach Ken Niumatalolo of the U.S. Navy football team, incoming PAFP President Mary Stock Keister, MD

EDUCATION

PAFP is proud to consistently reap great accolades for our CME offerings, boasting attendance of over 600 members this past year. Our focus on personal and professional wellness continues and will be expanded in practical and feasible methods beyond the current morning kick-starters such as intro to tai chi, yoga, movement breaks, and healthy conference meal choices. Look for more fun inclusions coming in 2019. In terms of resiliency, we will continue to work to identify the systemic causes of burnout and how best to cope in circumstances where the control is not in individual hands. This will be an on-going initiative headed up by the Task Force on Wellness within our Committee on Continuing Professional Development.

The ongoing Education Question of the Month is an excellent way to provide feedback to us within a matter of seconds. To date, we've received more responses than ever and we can use this quick snapshot to easily shape our future CME programs and all things education-related. THANK YOU!

Mandated education and patient safety sessions will continue in abundance live and online. <u>ALL</u> of PAFP'S complimentary online offerings meet the Patient Safety criteria. These will be refreshed on a continual basis.

PAFP takes pride in our community outreach projects in conjunction with most CME conferences. These projects provide opportunities for our members to give back to health and community service organizations that serve the greater good. If there is a specific cause that you would like us to consider for one our outreach projects while in your geographical area, please let us know. We would be happy to participate.

With so many CME programs available on a daily basis, we know your choices are endless. We at the PAFP want to be your go-to source for continuing medical education, so we will rely on you, our valued members, to provide the feedback we need to offer what you want, when you want it, and in the format that best suits your learning preferences.

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GOVERNMENT AFFAIRS AND PRACTICE ADVOCACY

2018 was another award-winning year for the PAFP's state advocacy receiving the AAFP Leadership in State Advocacy Award for our work on prior authorization reform, but our work is far from over. Prior authorization reform and opposing expanded scope of practice for nurse practitioners remain our top priorities heading into 2019. For the sixth year, PAFP and our partners on the issue, held off passage of "full practice" authority of CRNPs. The Government and Practice Advocacy Committee is chaired by Susan Filder, MD, and Manasa Irwin, MD and Perry Meadows, MD, MBA, JD, FAAFP as Vice-Chairs. The Committee is responsible for presenting policy recommendations to the PAFP Board of Directors and is staffed by Brent Ennis, Deputy EVP & COO and state-registered lobbyist. Below is our agenda for the 2019-20 state legislative session.

Nurse Practitioner Independence

Nurse practitioners (NPs) are integral, valuable members of the health care team, held in the highest regard by family physicians. However patients are best served when a physician-led, highly coordinated health care team provides care. Therefore, the PAFP opposes legislation that would expand their scope of practice and eliminate collaborative agreements.

Prior Authorization Reform

Prior authorizations have become significantly burdensome to family physicians, and more importantly result in delays and jeopardized quality care to patients. The PAFP supports reforms that would maximize electronic communications for authorizations as well as adverse determinations, and define consistent response times for authorizations, rejections, appeals, and external utilization review.

Direct Primary Care Authorizing Legislation

DPC is a model of care outside the bounds of health insurance and an emerging option for patients and physicians. The PAFP supports legislation that specifies direct primary care agreements are not insurance and therefore not subject to insurance laws or regulations.

Health Insurer Credentialing Reform

Delays in credentialing of new physicians or existing physicians changing practices create undo hardships most notably on the communities they serve. The PAFP supports legislation that would standardize the credentialing form and set processing standards.







■ Restrictive Covenants

In this age of health system consolidations, PAFP supports legislation limiting restrictive covenants in health care practitioner employment agreements.

Buprenorphine Medically Assisted Treatment Act

Access to care for patients suffering from substance abuse disorder is critical, and state regulation could significantly jeopardize access to office based opioid treatment (OBOT). The PAFP opposes legislation that would require prescribers of Buprenorphine to be licensed by the state and pay any state licensing fee.

POLST Legislation

Working with the Pennsylvania Medical Society, the PAFP supports updating and revising Pennsylvania law to include codification of Pennsylvania Orders for Life Sustaining Treatment (POLST) to be used by medical professionals across all health care settings for patients who voluntarily wish to execute a POLST order.

Workplace Accommodations for Nursing Mothers

The PAFP supports legislation that requires employers to provide employees time to express breast milk in a sanitary environment for her nursing child.

PAFP's State Legislative Agenda is crafted through the Government and Practice Advocacy Committee with position decisions made by the Board of Directors.

Updates on these issues are provided exclusively and securely on the PAFP Connect's Government and Practice Advocacy Committee group, which is open to all PAFP members.







THE ECONOMIC IMPACT OF FAMILY MEDICINE IN PENNSYLVANIA



In January of 2018, the American Medical Association released the 2018 AMA Economic Impact Study revealing the tremendous economic benefits family physicians provide to Pennsylvanians. According to the study, family medicine contributed \$9.4 billion in direct and indirect economic output and generated 57,276 direct and indirect jobs. Family medicine was the leader in economic impact and jobs created versus among 10 major physician specialties measured in study.

Total Jobs 431,713

Direct jobs... 162,922 Indirect jobs... 268,791 Average jobs supported by each physician... 12.7



State and local tax revenue

\$3.0 billion

Average state and local tax revenue generated by each physician... \$86,969

Economic activity

\$77.3 billion

Direct economic output... \$37.4 billion Indirect economic output... \$39.9 billion Percent of total GSP/GDP2... 10.9% Average economic output generated by each physician... \$2.3 million

Wages and benefits \$38.1 billion

Direct wages and benefits... \$23.8 billion Indirect wages and benefits... \$14.3 billion Average wages and benefits supported by each physician... \$1.1 million

- VIEW PAFP'S MEDIA RELEASE REGARDING THE ECONOMIC IMPACT STUDY
- VISIT AMA'S 'PHYSICIANS ECONOMIC IMPACT' WEBSITE
- REVIEW THE AMA'S BRIEF ON THE ECONOMIC IMPACT IN PENNSYLVANIA

FIGURES AND PHOTOS FROM 2018

78%
Member
Market Share

6,351
Total
Membership

(Active, Life Member, Resident, Student)

500+ CME Registrations



Sue Fidler, MD (far left) and Brent Ennis, PAFP Deputy EVP and COO (second from right) accept the AAFP Leadership in State Goverment Award.



UPMC's Jonathan Han, MD (center) received Mental Health America's Education Award for Innovations 2018.



More than 200 family physicians joined the PAFP in November for it's CME Conference in Nemacolin.

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AAFP President, Wanda Filer, MD, MBA, FAAFP (right) swears in PAFP President, David O'Gurek, MD, FAAFP.



The PAFP student delegation with mentor Dennis Gingrich, MD (second from left) at National Conference.



2018 PAFP Family Physician of the Year, Dr. Michael Guudiose, MD gives a lively and touching acceptance speech.



Sukhjeet Kaur Kamboj, MD proudly displays the certificate for the award of degree of Fellow of the AAFP.



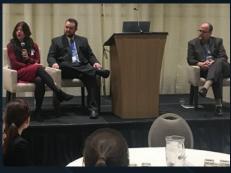
Rennis Gingrich, MD

PAFP board and staff gathered to support Dr. Dennis Gingrich, MD's winning bid for the AAFP Board of Directors.



(L to R) PA State Rep., Matt Baker, PAFP President, David O'Gurek, MD, FAAFP, PAFP CEO, John Jordan, CAE.

New Members in 2018



Students and residents attend a panel discussion about career planning at the Philadelphia CME Conference.



Andre Lijoi, MD discusses a reading of a passage from The English Patient during a narrative medicine event.



2018's Research Day provided a forum for students to present their research findings and connect with peers.



The PAFP Government and Practice Advocacy Committee meets at the Nemacolin CME Conference.

RESIDENTS AND STUDENTS

PAFP's Resident and Student Initiatives department facilitated initiatives designed to strengthen the family medicine workforce pipeline in Pennsylvania throughout 2018. Led by the Resident and Student Affairs Committee, the PAFP engages a network of residency program directors, faculty, medical school family medicine interest group (FMIG) leaders, advisers, and resident and student members to connect and collaborate.

The PAFP hosted the sixth annual Collaborative Workshop for Residency Directors, Faculty and Program Coordinators. This year, the group selected timely topics tailored to the development goals of our programs, including interprofessional collaboration, advocacy update and advocacy curriculum, various topics for a working lunch discussion and a panel of program faculty on the topic of certifying patients for Pa's Medical Marijuana program. A representative from the Pa Dept of Health Medical Marijuana Program participated as an advocate for the program and patients and helped respond to issues reported by the physician audience. Additional members of the residency team including Clinic Managers, Nurse Managers and Program Coordinators joined the audience of program faculty, facilitating the team approach to interprofessional collaboration; this session was our first Facebook Live broadcast. The workshop resources are archived in the growing online toolkit for residency programs. As the AOA-accredited residency programs transition to ACGME-accreditation and recruitment of both osteopathic and allopathic medical school grads, the Assembly will increase efforts to engage them in the program development and advocacy activities of the Assembly.

The PAFP staff made dozens of outreach visits to residency programs and medical schools throughout 2018 promoting the PAFP, primary care leadership and advocacy, and the wealth of diverse family medicine practice opportunities in Pennsylvania. To that end, PAFP staff collaborate through the year with partner organizations such as PACHC, Office of Rural Health, AHEC regional offices and the Coalition for the CommonHealth.

The PAFP Foundation provided program grants and conference scholarships to student members and FMIGs in medical schools across the Commonwealth. The PAFP's leadership development work with residents







■ and students included a new leader orientation to support the assembly leaders to collaborate on issues and set personal leadership goals ahead of the AAFP National Residents and Students [16] Conference. Student and resident leaders convened a networking dinner for FMIG leaders and residents in Philadelphia. Several student leaders received scholarship support to participate in the PAFP Leadership Institute.

The PAFP continues to administer a grant project funded by the Pennsylvania Department of Health that seeks to expand the family physician workforce pipeline by funding nine new residency positions and supporting graduates to select practice opportunities in Pennsylvania's underserved communities. The goals of the grant closely align with the workforce development goals of the PAFP. We are working with the Program Directors' Assembly to identify programs to participate in further expansion efforts for the next phase of the grant project.

MEMBERSHIP

The PAFP was up slightly in total membership for 2018 with 5,776 active, resident and student members. Total membership including supporting, life, and inactive members totaled 6,351 members. This is the 11th straight year the PAFP has received 100 percent resident membership. The PAFP continues to be the third-largest state chapter, with a market share of 78 percent and retention rate of 95 percent for 2018. The new physician retention rate for 2018 was 87 percent and the resident to active membership was 75%.

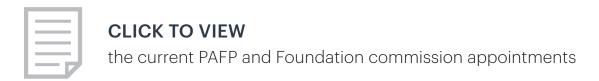




2018-2019 BOARD OF DIRECTORS



2018-2019 COMMITTEE APPOINTMENTS



STRATEGIC INITIATIVES CY 2017-2019



FINANCIALS

		2017	2016
Cash and cash equivalents \$ 233,966 \$ 712,508 Investments, current 506,867 265,783 Note receivable, current 9,715 9,325 Grants and accounts receivable 410,602 258,937 Prepaid expenses 32,304 10,839 Total current assets 1,193,454 1,257,392 Noncurrent assets 1,193,454 1,257,392 Noncurrent assets 1,193,454 1,257,392 Noncurrent assets 288,205 248,707 Equipment in American Academy of Family Physicians Pooled Investment Fund, L.P. 288,205 248,707 Equipment and furniture, net 3,346 20,296 Note receivable, net of current portion 258,687 268,402 Total noncurrent assets 550,238 537,405 Total assets 1,743,692 1,794,797 LIABILITIES AND NET ASSETS Current liabilities 405,374 \$287,305 Accounts payable \$405,374 \$287,305 Accounts payable \$405,374 \$287,305 Total current liabilities 865,061 <t< td=""><td>ASSETS</td><td></td><td></td></t<>	ASSETS		
Investments, current	Current assets		
Note receivable, current 9,715 9,325 Grants and accounts receivable 410,602 258,937 Prepaid expenses 32,304 10,839 Total current assets 1,193,454 1,257,392 Noncurrent assets Investment in American Academy of Family Physicians Pooled Investment Fund, L.P. 288,205 248,707 Equipment and furniture, net 3,346 20,296 Note receivable, net of current portion 258,687 268,402 Total noncurrent assets 550,238 537,405 Total assets 1,743,692 1,794,797 LIABILITIES AND NET ASSETS Current liabilities Accounts payable \$ 405,374 \$ 287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt 7 Net assets 1,038,310 Total net assets 878,631 1,038,310	Cash and cash equivalents	\$ 233,966	\$ 712,508
Grants and accounts receivable 410,602 258,937 Prepaid expenses 32,304 10,839 Total current assets 1,193,454 1,257,392 Noncurrent assets Investment in American Academy of Family Physicians Pooled Investment Fund, L.P. 288,205 248,707 Equipment and furniture, net 3,346 20,296 Note receivable, net of current portion 258,687 268,402 Total noncurrent assets 550,238 537,405 Total assets 1,743,692 1,794,797 LIABILITIES AND NET ASSETS Current liabilities Accounts payable \$ 405,374 \$ 287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Investments, current	506,867	265,783
Prepaid expenses 32,304 10,839	Note receivable, current	9,715	9,325
Total current assets	Grants and accounts receivable	410,602	258,937
Noncurrent assets Investment in American Academy of Family Physicians Pooled Investment Fund, L.P. 288,205 248,707 Equipment and furniture, net 3,346 20,296 Note receivable, net of current portion 258,687 268,402 Total noncurrent assets 550,238 537,405 Total assets 1,743,692 1,794,797	Prepaid expenses	32,304	10,839
Investment in American Academy of Family Physicians Pooled Investment Fund, L.P. 288,205 248,707	Total current assets	1,193,454	1,257,392
clans Pooled Investment Fund, L.P. 288,208 248,707 Equipment and furniture, net 3,346 20,296 Note receivable, net of current portion 258,687 268,402 Total noncurrent assets 550,238 537,405 Total assets 1,743,692 1,794,797 LIABILITIES AND NET ASSETS Current liabilities Accounts payable \$ 405,374 \$ 287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Noncurrent assets		
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Total noncurrent assets 550,238 537,405 Total assets 1,743,692 1,794,797 LIABILITIES AND NET ASSETS Current liabilities Accounts payable \$405,374 \$287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310	Equipment and furniture, net	3,346	20,296
Total assets 1,743,692 1,794,797 LIABILITIES AND NET ASSETS Current liabilities Accounts payable \$405,374 \$287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310	Note receivable, net of current portion	258,687	268,402
LIABILITIES AND NET ASSETS Current liabilities \$ 405,374 \$ 287,305 Accounts payable \$ 405,374 \$ 287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Total noncurrent assets	550,238	537,405
Current liabilities Accounts payable \$ 405,374 \$ 287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Total assets	1,743,692	1,794,797
Accounts payable \$ 405,374 \$ 287,305 Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	LIABILITIES AND NET ASSETS		
Accrued expenses 75,867 71,190 Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Current liabilities		
Deferred revenues 383,820 397,992 Total current liabilities 865,061 756,487 Long-term debt 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Accounts payable	\$ 405,374	\$ 287,305
Total current liabilities 865,061 756,487 Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Accrued expenses	75,867	71,190
Long-term debt Total liabilities 865,061 756,487 Net assets Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Deferred revenues	383,820	397,992
Net assets 878,631 1,038,310 Total net assets 878,631 1,038,310	Total current liabilities	865,061	756,487
Net assets 878,631 1,038,310 Total net assets 878,631 1,038,310	Long-term debt		
Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310		865,061	756,487
Unrestricted 878,631 1,038,310 Total net assets 878,631 1,038,310	Net assets		
		878,631	1,038,310
	Total net assets	878.631	1,038.310





Thank you to all of our members and supporters for your tireless dedication and service in the past year.



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