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A For the 2009 calendar year, or tax year beginning 04-01-2009 , and ending 03-31-2010				
<b>B</b> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization PENNSYLVANIA HEARTLAND HERB SOCIETY		<b>D</b> Employer identification number 23-2349396
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 4124		<b>E</b> Telephone number (610) 404-8581
		City or town, state or country, and ZIP + 4 READING, PA 196063711		<b>F</b> Group Exemption Number

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>I Website:</b> ▶ WWW.PHSA.HOMESTEAD.COM		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Tax-Exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(5) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally <b>not</b> more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 32,238			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )									
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	1,535					
	2	Program service revenue including government fees and contracts . . . . .	2	22,876					
	3	Membership dues and assessments . . . . .	3	3,350					
	4	Investment income . . . . .	4	592					
	5a	Gross amount from sale of assets other than inventory . . . . .	5a						
	b	Less cost or other basis and sales expenses . . . . .	5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c						
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/> <input type="checkbox"/>							
	a	Gross revenue (not including \$ _of contributions reported on line 1) . . . . .	6a	2,648					
	b	Less direct expenses other than fundraising expenses . . . . .	6b	3,722					
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	-1,074					
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	1,160					
b	Less cost of goods sold . . . . .	7b	828						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	332						
8	Other revenue (describe <input checked="" type="checkbox"/> <input type="checkbox"/>	8	77						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	27,688						
Expenses	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/> <input type="checkbox"/>	10	6,959					
	11	Benefits paid to or for members . . . . .	11	3,462					
	12	Salaries, other compensation, and employee benefits . . . . .	12						
	13	Professional fees and other payments to independent contractors . . . . .	13	500					
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	200					
	15	Printing, publications, postage, and shipping . . . . .	15	421					
	16	Other expenses (describe <input checked="" type="checkbox"/> <input type="checkbox"/>	16	17,226					
	17	Total expenses. Add lines 10 through 16 . . . . .	17	28,768					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-1,080					
	19	Net assets or fund balances at beginning of year (from line 27, column (A )) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	61,676					
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20						
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	60,596					

<b>Part II Balance Sheets</b> —If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II )		
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	59,203	<b>22</b> 58,496
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe  )	2,473	<b>24</b> 2,100
<b>25 Total assets</b> . . . . .	61,676	<b>25</b> 60,596
<b>26 Total liabilities</b> (describe  )	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	61,676	<b>27</b> 60,596

[illegible]

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .			35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶		37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .			37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .		38b		
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .		39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .			40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .			40e	No
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ AMY SCHIAVONE _____ Telephone no ▶ (610) 404-8581 _____ PO BOX 4124 Located at ▶ READING, PA _____ ZIP + 4 ▶ 19606 _____				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____			42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43 _____				
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-06-24 Date	
Paid Preparer's Use Only	AMY R SCHIAVONE TREASURER Type or print name and title			
	Preparer's signature	RUTHANN J WOLL	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
REINSEL KUNTZ LESHER LLP 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008			EIN Phone no (610) 376-1595	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:  
Software Version:  
EIN: 23-2349396  
Name: PENNSYLVANIA HEARTLAND HERB SOCIETY

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JANE BRUBAKER PO BOX 4124 READING,PA 19606	CHAIRPERSON 5 00	0	0	0
DAWN FRY PO BOX 4124 READING,PA 19606	VICE CHAIR 5 00	0	0	0
THERESA DETEMPLE PO BOX 4124 READING,PA 19606	SECRETARY 5 00	0	0	0
AMY SCHIAVONE PO BOX 4124 READING,PA 19606	TREASURER 5 00	0	0	0

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** PENNSYLVANIA HEARTLAND HERB SOCIETY**EIN:** 23-2349396

<b>Item No.</b>	1
<b>Class of Activity</b>	EDUCATIONAL
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	2,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-05

<b>Item No.</b>	2
<b>Class of Activity</b>	CHARITABLE
<b>Donee's Name</b>	VARIOUS CHARITABLE ORGANIZATIONS
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	4,325
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-05



Item No.	3
Class of Activity	CHARITABLE
Donee's Name	VARIOUS CHARITABLE ORGANIZATIONS
Donee's Address	
Amount (FMV)	134
Purpose of Payment to Affiliate	
Relationship	NONE
Description	COOKBOOKS, HERB-RELATED BOOKS, SUNDIAL
Book Value	134
How BV Determined	THRIFT SHOP VALUE
How FMV Determined	THRIFT SHOP VALUE
Date of Gift	2009-09

TY 2009 Other Assets Schedule

**Name:** PENNSYLVANIA HEARTLAND HERB SOCIETY

**EIN:** 23-2349396

Description	Beginning of Year Amount	End of Year Amount
INVENTORY	2,473	2,100

**TY 2009 Other Expenses Schedule****Name:** PENNSYLVANIA HEARTLAND HERB SOCIETY**EIN:** 23-2349396

Description	Amount
ADVERTISING	300
INSURANCE	40
UNIT EDUCATION	110
SALES TAX	71
SYMPOSIUM EXPENSE	16,354
GARDEN MATERIALS	351

TY 2009 Other Revenues Schedule

**Name:** PENNSYLVANIA HEARTLAND HERB SOCIETY

**EIN:** 23-2349396

Description	Amount
OTHER INCOME	77

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** PENNSYLVANIA HEARTLAND HERB SOCIETY

**EIN:** 23-2349396

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.