

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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

2009

OMB No 1545-0047

Open to Public Inspection

Court in applicable   Charge of grantmassion   Charge of grantmassio	A Familia		 		0.01.2000	^		Inspection
Processor   Pro					0-01-2009 and ending 09-30-201	U	D Employer ide	entification number
Second processes   Leader of the comment of the c	_				JU (GROUP)		90-015519	10
Source	_	_		Doing Business As				
Transmitted Remoted Nations Replactor named variety Replactor named variety Replactor named variety Replactor named variety F   New and address of principal officer	_	_	type. See				(717) 761-	2740
Townstated with the composition of the power of the powe	_		Instruc-		box if mail is not delivered to street addre	ss) Room/suite	<b>G</b> Gross receipts	\$ 1,021,066
Appleature prending    F   Name and address of principal officer   Louis it Salle   Sol 2 5 15 T preet   Louis it Salle   Sol 2 15 T preet   Louis it Salle   Louis it S			tions.					
F. Name and address of principal officer   Louis in Stall   Stalls   Stal					y, and ZIP + 4			
Louis R Salle   Sill S 315 STREET   CAMP MILL PA 17011   The Sill S 315 STREET   CAMP MILL PA 17011   The Sill S 315 STREET   CAMP MILL PA 17011   The Sill S 315 STREET	Applicati	ion pending		,				
Tax-exempt status					lofficer	H(a) Is th	– us a group returi	
The second status						affili	ates?	✓ Yes No
Website   www pfb com			CAMP	HILL,PA 17011		H(b) Are a	ll affiliates includ	led?  ▼ Yes
Vebsite:						If"N	o," attach a list	(see instructions)
Total pross unrelated business revenue from Part VIII, column (A), lines 13 degrees and sustement under grant VIII, column (A), lines 3, 4, and 7d )				) ( 5 ) ◀ (insert no )	7(a)(1) or 527	H(c) Gro	up exemption nu	ımber <b>►</b> 3132
Summary			•			<u> </u>		
Brefly describe the organization's mission or most significant activities PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY  2 Check this box In if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)			· · · · · · · · · · · · · · · · · · ·	tion Trust Association	Other 🕨	<b>L</b> Year of fo	ormation N	State of legal domicile
2 Check this box								
2 Check this box ▶ if if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	1	•		-	•	LTURAL CON	1MUNITY	
Number of independent voting members of the governing body (Part VI, line 1b)   4	3							
A   Number of independent voting members of the governing body (Part VI, line 1b)   A	<u> </u>							
A   Number of independent voting members of the governing body (Part VI, line 1b)   A	,							
A Number of independent voting members of the governing body (Part VI, line 1b) . 4  5 Total number of employees (Part V, line 2a) . 5  6 Total number of employees (Part V, line 2a) . 5  6 Total number of wolunteers (estimate if necessary) . 6  7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . 7a  b Net unrelated business taxable income from Form 990-T, line 34 . 7b  8 Contributions and grants (Part VIII, line 1h) . 28,055  9 Program service revenue (Part VIII, line 1h) . 28,055  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 17,104  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) . 17,104  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 . 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	2	Checkt	hıs box 🛏	if the organization disco	ntinued its operations or disposed	of more than	25% of its net a	assets
b Net unrelated business revealed from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)		Number	of voting r	nembers of the governing	body (Part VI, line 1a)		3	51
b Net unrelated dusiness taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)	4	Number	ofindeper	ident voting members of th	ne governing body (Part VI, line 11	)	. 4	51
b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 28,055  9 Program service revenue (Part VIII, line 1h) 28,055  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,104  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 51,650  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,650  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16 Professional fundraising fees (Part IX, column (A), line 11e) 57,025  17 Other expenses (Part IX, column (A), lines 1) 905,809 8th 19 Revenue less expenses Subtract line 18 from line 12 74,038  20 Total assets (Part X, line 16) 74,038  21 Total liabilities (Part X, line 26) 1,44  22 Total liabilities (Part X, line 26) 786,058 8th 19 Signature of officer 9 Sig	5	Total nu	ımber of er	nployees (Part V , line 2a)			5	
b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 28,055  9 Program service revenue (Part VIII, line 1h) 28,055  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,104  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 51,650  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,650  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16 Professional fundraising fees (Part IX, column (A), line 11e) 57,025  17 Other expenses (Part IX, column (A), lines 1) 905,809 8th 19 Revenue less expenses Subtract line 18 from line 12 74,038  20 Total assets (Part X, line 16) 74,038  21 Total liabilities (Part X, line 26) 1,44  22 Total liabilities (Part X, line 26) 786,058 8th 19 Signature of officer 9 Sig	6	Total nu	ımber of vo	olunteers (estimate if nece	ssary)		6	1,37
Note   Section   Prior Year   Current Year   Section	7	<b>a</b> Total gr	oss unrela	ted business revenue fron	n Part VIII, column (C), line 12		7a	21,41
S	ı	<b>b</b> Netunre	elated busi	ness taxable income from	Form 990-T, line 34		71	b
9						Prie	or Year	Current Year
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 17,104  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 51,650  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 331,771 99  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 7,025  16 Professional fundraising fees (Part IX, column (A), line 11e) 7,025  17 Other expenses (Part IX, column (A), line 11e) 898,784 6.  18 Total expenses (Part IX, column (A), line 25) 00 905,809 8! 74,038 98,784 6.  19 Revenue less expenses Subtract line 18 from line 12 7,4038 98,784 6.  20 Total assets (Part X, line 16) 2,314,120 2,32 17 ottal liabilities (Part X, line 26) 7,6058 8! 8  20 Total assets (Part X, line 26) 7,6058 8! 8  21 Total liabilities (Part X, line 26) 7,80,058 8! 8  22 Net assets or fund balances Subtract line 21 from line 20 7,80,058 8! 8  23 Signature Block  Under penalties of penjur, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of prepaire (other than officer) is based on all information of which prepaire has any knowled repairer's signature of officer Prepairer's Signature of officer  20 Total assets (Part X, line 26) 7,60,512 8 8  20 Total assets (Part X, line 26) 7,60,512 8 8  21 Total liabilities (Part X, line 26) 7,76,0512 9  22 Total liabilities (Part X, line 26) 7,76,0512 9  23 Total liabilities (Part X, line 26) 7,76,0512 9  24 Total liabilities (Part X, line 26) 7,76,0512 9  25 Total liabilities (Part X, line 26) 7,76,0512 9  26 Total liabilities (Part X, line 26) 7,76,0512 9  27 Total liabilities (Part X, line 26) 7,76,0512 9  28 Total liabilities (Part X, line 26) 7,76,0512 9  29 Total liabilities (Part X, line 26) 7,76,0512 9  20 Total liabilities (Part X, line 26) 7,76,0512	I	Contril	butions and	d grants (Part VIII, line 1	h)		28,055	46,449
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	∄   9	Progra	m service	revenue (Part VIII, line 2	g)		734,962	788,387
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	§ 10	Invest	ment incor	ne (Part VIII, column (A)		17,104	7,761	
12)	Ť   11	Other	revenue (P	art VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)		51,650	65,707
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12					e	021 771	908,304
14 Benefits paid to or for members (Part IX, column (A), line 4)	12						831,771	,
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5—10)  16a Professional fundraising fees (Part IX, column (A), line 11e)								142,909
Total fundraising fees (Part IX, column (A), line 11e)			•			_		(
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	\$ 15		es, other co	ompensation, employee be	nefits (Part IX, column (A), lines !	>-	7,025	43,454
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>数</u> 168	a Profes	sıonal fund	raising fees (Part IX, colu	mn (A), line 11e)			C
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ਨੂੰ । ।	<b>b</b> Total fui	ndraising exp	enses (Part IX, column (D), line	25) <b>▶</b> 0			
19   Revenue less expenses   Subtract line 18 from line 12		Other	expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		898,784	622,767
Beginning of Current Year  20 Total assets (Part X, line 16)	18	Totale	xpenses /	Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		905,809	809,130
Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and information of which preparer has any knowled and information of which preparer has any knowled and information of which	19	Reveni	ue less exp	oenses Subtract line 18 fr	om line 12		-74,038	99,174
Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and information of which preparer has any knowled and information of which preparer has any knowled and information of which	5 9 3 9 3 9					_	-	End of Year
Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and information of which preparer has any knowled and information of which preparer has any knowled and information of which	·	Total a	issets (Pai	rt X. line 16).....				2,347,920
Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and information of which preparer has any knowled and information of which preparer has any knowled and information of which	2世   21							1,462,689
Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and information of which preparer has any knowled and information of which preparer has any knowled and information of which preparer has			•				<u> </u>	885,231
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and belief, it is true, correct, and to the best of my knowled and belief, it is true, correct, and belief, it i							/ /	200,201
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief and beli		_			mined this return, including accompanying	schedules and s	statements, and to t	the best of my knowledge
William Montgomery Controller Type or print name and title  Preparer's signature Michael J Menear  Date  Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4  Camp Hill, PA 17011  Date  Check if self-empolyed Firm's identifying number (see instructions)  EIN Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no Firm's name (or yours if self-employed), address, and ZIP + 4								
William Montgomery Controller Type or print name and title  Preparer's signature Michael J Menear  Date  Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4  Camp Hill, PA 17011  Date  Check if self-empolyed Firm's identifying number (see instructions)  EIN Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no Firm's name (or yours if self-employed), address, and ZIP + 4	lan	<del> </del>						
William Montgomery Controller Type or print name and title  Preparer's signature Michael J Menear Date Check if self-empolyed Fremolyed	_			er			-05-12	
Type or print name and title  Preparer's signature  Michael J Menear  Date  Check if self-empolyed Fremolyed Fremoly		- [[				Date		
Preparer's signature Michael J Menear Date Check if self-empolyed From Firm's name (or yours if self-employed), address, and ZIP + 4 Camp Hill, PA 17011  Date Check if self-empolyed From Self-empolyed Fr								
Paid Preparer's Jse Only Firm's name (or yours of self-employed), address, and ZIP + 4  Camp Hill, PA 17011  Self-empolyed  (see instructions)  Firm's name (or yours of self-employed), address, and ZIP + 4  EIN  Phone no  (717) 761-7210		<i>r</i>			Data	Chack of	Droporor/s id site	fung number
Preparer's   Firm's name (or yours   f self-employed), address, and ZIP + 4   EIN    Camp Hill, PA 17011	<b>\_!</b> !			el J Menear		self-		
If self-employed), address, and ZIP + 4  Camp Hill, PA 17011  EIN  Phone no  (717) 761-7210			<u> </u>		'	empolyed 🕨 🦵		
Address, and ZIP + 4 211 House Avenue 211 House Avenue Phone no (717) 761-7210	-	1		s Boyer & Ritter			EIN 🕨	
Camp Hill, PA 17011	se Unly			211 House Avenue				
				Camp Hill, PA 17011			Phone no 🕨 (7	717) 761-7210
	lay the I	RS discus	s this retu		n above? (see instructions)			▼ Yes

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY

	-		rogram services during the year whi	-	_ Yes ▽ No
	If "Yes," describe t	hese new services on Schedi	ile O		
		n cease conducting, or make	significant changes in how it conduct		_ Yes ✓ No
	If "Yes," describe t	hese changes on Schedule O			
	Section 501(c)(3)	and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are ro venue, if any, for each program serv	equired to report the amou	
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	•	TO PENNSYLVANIA FARMERS AND	, ,	γ ( τ	,
)	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		, , ,	,	, ,	,
	Other program	www.co.c. /Dogowika.im.Cakadall			
1	Other program se	rvices (Describe in Schedule	·	(Revenue \$	)

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSU	. vi Keuuli	eu Stii	cuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 21			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
				I

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

12a

12b

510 S 31ST STREET CAMP HILL, PA 17011 (717) 761-2740

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 510			
ь 2	Enter the number of voting members that are independent			
2	other officer, director, trustee, or key employee have a family relationship or a business relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
100	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
C-		16b		
<u>Se</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	ı <b>-</b>
	VARIOUS COUNTY FARM BUREAU'S	_		

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee	or key employee						
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Officer Institutional Trustee Individual trustee or director		Highest compensated employee  Key employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page <b>8</b>
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	·		
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm <b>99</b> 0	<b>)</b> (2009)

Form 99	•	•						Page <b>9</b>
Part V	<u> </u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts otc	1a	Federated camp	paigns 1a					
grai	b	Membership du	es 1b					
ts, am	С		ents <b>1c</b>					
igi ilar	d	Related organiz  Government grants	ations 1d					
ons, sim	e	_	ons, gifts, grants, and <b>1f</b>	46,449				-
utí her	<u>'</u>	sımılar amounts no	t included above					
Contributions, gifts, grants and other similar amounts	g		butions included in					
an	h		3 1a-1f	▶	46,449			
				Business Code				
renn	2a	Membership Dues		900,099	636,918	636,918		
Program Service Revenue	b	MEMBER'S MEETIN	GS INC	900,099	151,469	151,469		
	с							
Ser	d							
ranı	e f	Δ II other progra	ım service revenue					
⊁ંા	Ċ							
	g 3		s 2a-2f		788,387			
			ome (including dividend ar amounts)		7,761			7,761
	4		tment of tax-exempt bond p	<b>⊢</b>				
	5	Royalties						
	<b>~</b> _	Con a Double	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
	<u> </u>	Net rental incol	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	.,					
	b	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)	- \	<u> </u>				
	d 8a	Gross income fi	s)					
Other Revenue		events (not incl \$ of contributions	luding  reported on line 1c)					
č		See Part IV, lin	a a	74,329				
the	b	Less direct exp	penses <b>b</b>	44,260				
Ò	С		loss) from fundraising (	events 🕦	30,069			30,069
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b		penses b	<u> </u>				
	10a	Gross sales of i		vities				
	J.	1	a	69,325				
	b c		oods sold <b>b</b> loss) from sales of inve	68,502	823		823	
	-	Miscellaneous		Business Code				
	11a	MISCELLANEO	) US	900,099	14,222	14,222		
	b	ADVERTISING	i	541,800	9,413		9,413	
	С	MEMBER SERV	_	541,800	9,389		9,389	
	d	All other revenu			1,791		1,791	
	е	Total. Add lines	s 11a-11d		34,815			
	12	Total revenue.	See Instructions	▶	908,304	802,609	21,416	37,830

	Part IX Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	142,909				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	37,247				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	6,207				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees)					
а	Management					
ь	Legal					
c	Accounting					
d	Lobbying					
e	Professional fundraising See Part IV, line 17					
f 	Investment management fees	F2 622				
g	Other	53,633				
12	Advertising and promotion	12,003				
13	Office expenses	183,471				
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	291,059				
20	Interest					
21	Payments to affiliates	10,273				
22	Depreciation, depletion, and amortization	1,977				
23	Insurance	27,879				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )					
а	MISCELLANEOUS	30,436				
b	Scholarships	11,936				
c	tax prep	100				
d						
e						
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	809,130				
26	Joint costs. Check here ► ☐ If following SOP 98-2	111,130				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Pa	rt X	Balance Sheet			
			(A)		(B)
	١		Beginning of year	_	End of year
	1	Cash—non-interest-bearing	701,285	1	885,548
	2	Savings and temporary cash investments	252,413	2	153,213
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,000	4	5,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
Assets		Schedule L		6	
	7	Notes and loans receivable, net		7	_
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,273,027	9	1,218,829
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> VI of Schedule D 69,062			
	ь	Less accumulated depreciation 10b 51,917	14,784	10c	17,145
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	64,438	12	67,160
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,173	15	1,025
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,314,120	16	2,347,920
	17	Accounts payable and accrued expenses .	536	17	761
	18	Grants payable		18	
	19	Deferred revenue	1,527,526	19	1,460,428
	20	Tax-exempt bond liabilities		20	
es G	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>-</u> -		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	1,500
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,528,062	26	1,462,689
~		Organizations that follow SFAS 117, check here ▶ 🗸 and complete lines 27			
ě		through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	786,058	27	885,231
<u>е</u>	28	Temporarily restricted net assets		28	
돧	29	Permanently restricted net assets		29	
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
ö		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	786,058	33	885,231
	34	Total liabilities and net assets/fund balances	2,314,120	34	2,347,920

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

Form **990** (2009)

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DLN: 93493133017241

OMB No 1545-0047

Open to Public

#### **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

F Attacil to Fo	offin 330. F See Separate instructions.			Inspec	
ame of the organization		Emp	loyer identificat	ion numbe	er
ENNSYLVANIA FARM BUREAU (GROUP)		90-0	0155190		
art I Organizations Maintaining Donor Ac	dvised Funds or Other Similar I			Comple	te ıf th
organization answered "Yes" to Form 99	,	_			
	(a) Donor advised funds		<b>(b)</b> Funds and ot	her accou	nts
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor advi	sed	☐ Yes	┌ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonforming impermissible private benefit		•		┌ Yes	┌ No
rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV,	, lıne 7.	
Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	Preservation of a	certifie	d historic struct	•	a
			Held at the I	nd of the	Year
Total number of conservation easements		2a			
Total acreage restricted by conservation easements		2b			
Number of conservation easements on a certified his	toric structure included in (a)	2c			
Number of conservation easements included in (c) ac	cquired after 8/17/06	2d			
Number of conservation easements modified, transfe the taxable year 🛌			ne organization d	uring	
Number of states where property subject to conserva					
Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and	☐ Yes	☐ No
Staff and volunteer hours devoted to monitoring, insp					
A mount of expenses incurred in monitoring, inspecting			g the year 🟲 \$_		
Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?				☐ Yes	☐ No
In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia				
rt III Organizations Maintaining Collectio Complete if the organization answered "		, or Ot	her Similar A	ssets.	
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu			e,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) Assets included in Form 990, Part X			<b>►</b> \$		
If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for finan			
Revenues included in Form 990. Part VIII. line 1	<u> </u>				

**b** Assets included in Form 990, Part X

	ollections of Art	t, His	tori	<u>cal Tr</u>	easur	es, or 0	the	<u>r Similar <i>I</i></u>	\sse	ts (cc	ntınued)
zation's accession and othe that apply)	er records, check an	y of th	ne fol	lowing t	hat are	a significa	ant u	se of its colle	ction		
ition		d	Γ	Loan	orexch	ange progr	ams				
<b>b</b> Scholarly research <b>e</b> Other											
n for future generations											
otion of the organization's c	ollections and expla	ain ho	w the	y furthe	r the or	ganızatıon	's ex	cempt purpos	e ın		
did the organization solicit I to raise funds rather than			,					nılar	Γ,	Yes	Г No
and Custodial Arrang line 9, or reported an ar	<b>jements.</b> Compl	ete ıf	the	organı	zation			es" to Form	990	,	
on an agent, trustee, custoo 1990, Part X?	dian or other interm	edıary	for c	ontrıbu	tions oi	r other ass	ets r	not	Γ,	Yes	┌ No
the arrangement in Part XI	V and complete the	follow	ing t	able		г		· .			
						F	4 -	•	A mou	nt	
the week						-	1c				
the year							1d 1e				
ring the year											
		- 345				L	1f			<b>V</b>	
ion include an amount on F		ie 21?							Γ,	r es	No
the arrangement in Part XIV		n 222		ad !!\/-	c" +c =	orm 000	Da	+ T\/ l.ma 4/	`		
nent Funds. Complete	(a)Current Year		)Prior			Orm 990, Years Back		T IV, IINE II Three Years Bac		Four Ye	ears Back
rbalance	(4,54,154,154,154,154,154,154,154,154,154	(-	<b>,</b>		(-)		(-,		(-)		
ings or losses											
rships											
res for facilities											
xpenses											
nce											
nated percentage of the yea	ar end balance held	as									
d or quasi-endowment 🕨											
vment 🕨											
: <b>▶</b>											
nent funds not in the posse	ssion of the organiz	ation	thata	are held	d and ad	lmınıstere	d for	the			
										Yes	No
anizations		•					•		a(i)		
iizations , are the related organizatio				 lula D2			•	<u>  3</u>	a(ii) 3b		<u> </u> 
, are the related organization XIV the intended uses of th	•						•		30		<u> </u>
nents—Land, Building					90. Pa	rt X. line	10.				
<u> </u>	-, <u></u>			a) Cost o	•	(b)Cost or		(c) Accumula	ated		
ption of investment				sis (inve		basis (oth		depreciatio		( <b>d</b> ) Bo	ook value
ements											
					69,062			5	1,917		17,145
	orm 990, Part X, colu	mn (B,	), line	10(c).)							17,145
						69,062	69,062	69,062	69,062 5  Column (d) should equal Form 990, Part X, column (B), line 10(c).)		69,062 51,917

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	]
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493133017241

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

licensing

**SCHEDULE G** 

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ame of the organization ENNSYLVANIA FARM BUREAU (GROUP)						Employer identification number				
	,					90-0155190				
<b>Part I</b> Fundraising Ac Form 990-EZ file	<b>tivities.</b> Completers are not require				"Yes" to Form	n 990, Part IV	, line 17.			
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following activit	ıes Check all t	hat apply				
a Mail solicitations	_									
<b>b</b> Internet and e-mail so	olicitations		f	┌ Solicitatio	n of governmen	_				
c   Phone solicitations			g	┌ Special fu	ndraising event	s				
<b>d</b> In-person solicitation	s									
<ul><li>Did the organization have or key employees listed in</li><li>If "Yes," list the ten highe to be compensated at least</li></ul>	n Form 990, Part VII st paid individuals o	[) or entity r entities (	ın conne (fundraıs e	ction with profesers) pursuant to	sional fundrais	ing activities? Ier which the fui				
(i) Name of individual or entity (fundraiser)	(iii) Did fundraiser have custody or			(iv) Gross rec from activi	eipts (or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
otal										
				l	I		I			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

		more than \$15/500 on roth	-	events with gross rece	T -			
			Ice Cream Trailer Food STand at Ag		(c) O ther Events	(d) Tot (Add col co		
			(event type)	(event type)	(total number)			
₽	1	Gross receipts	14,370	8,474	19,027		41	1,871
Revenue	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	14,370	8,474	19,027		4 1	1,871
	4	Cash prizes						
မွာ	5	Non-cash prizes			722			722
euse	6	Rent/facility costs	880		3,601		4	4,481
Expenses	7	Food and beverages						
Drea	8	Entertainment						
₫	9	Other direct expenses .	3,446	3,647	6,893		13	3,986
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			19	9,189
	11	Net income summary Combine li	nes 3, column d, and line	10			22	2,682
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tot (Add col	(a) the	
Revenue						со	(c))	
	1	Gross revenue						
မွ	2	Cash prizes						
xpenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
<u>D</u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes				
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7				ı
9	Ft			<b></b>			Yes	No
а	Ist	er the state(s) in which the organization licensed to operate				· 9a		
b	11	No," Explain						
10a	— We r	10a						
b	If"	Yes," Explain						
	_	es the organization operate gaming						
11								

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493133017241

OMB No 1545-0047

#### **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public

Internal Revenue Service   Name of the organization			- ////			Employer identifi	Inspection ication number
PENNSYLVANIA FARM BUREAU	U (GROUP)					90-0155190	
Part I General Inform	nation on Grants	and Assistance				30-0133130	
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the org</li> <li>Part II Grants and Other Form 990, Part IV</li> </ul>	ntain records to sub- to award the grants ganization's procedu er Assistance to V, line 21 for any	stantiate the amount of th	of grant funds in the United States of Grant funds in the United States of the United States	Jnited States  the United States  Check this box if n	Complete if the or	ganization answered	)00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of gran
Pennsylvania Friends of Agriculture FoundationPO Box 8736 Camp Hill, PA 170018736	222699958	501(c)(3)	21,337				General Support
2 5 1 1 1 1 6 1	501/-1/21 1	overnment organizations		l	L		<u> </u>

Schedule I	(Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2
	Use Schedule I-1 (Form 990) if additional space is needed.

	<u> </u>	<u> </u>			T
(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	1	1	1	

Part IV Suppleme	ental Informa	tion. Complete this	part to provide the infor	mation required in Par	t I, line 2, and any other a	additional information.
Ident if ier	Return Referenc	e Ex	planation			
O ther Information	Part IV	The	re are no formal procedures	s currently in place		
·	·		·	·		

Software ID: **Software Version:** 

**EIN:** 90-0155190

Name: PENNSYLVANIA FARM BUREAU (GROUP)

DLN: 93493133017241

**SCHEDULE 0** (Form 990)

**Supplemental Information to Form 990** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization PENNSYLVANIA FARM BUREAU (GROUP)

Employer identification number

90-0155190

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Due to the small size of many of the county farm bureaus, it is common to have family relationships between board members. These relationships include parent/child, uncle/nephew, siblings and husband/wife. There are occasionally business relationships between board members as well. However, none of these relationships are significant.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		Six of the counties made significant changes to their bylaw's during the year. Of these six counties, three changed the number of board members, one county capped the number of members allowed to attend the annual meeting of associates at thirteen, one county added a second vice president position to the list of directors, and one county changed their list of what constitutes sufficient grounds to remove an officer or director from their position.

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section A, line 6		THE ORGANIZATION HAS MEMBERS		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Three of the counties have provisions in place that allow members to overturn board decisions if they do not agree with them

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8a		One of the counties did not contemporaneously document the meetings held by the board during the year

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		Of the 53 counties that had committees during the year, four did not consistenly document the meetings held by those committees

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the Form 990 is provided to the Pennsylavnia Farm Bureau for review before it is signed and filed on behalf of the counties

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST BY ALL OF THE COUNTIES THE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BY 11 COUNTIES, ARE DISTRIBUTED DURING MEETINGS (MONTHLY, SEMIANNUAL, ANNUAL) BY 44 COUNTIES AND ARE PUBLISHED IN THEIR NEWSLETTER BY 10 COUNTIES

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DLN: 93493133017241

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization PENNSYLVANIA FARM BUREAU (GROUP)	Employer identification number 90-0155190				
Part I Identification of Disregarded Entities (Complet	e ıf the organızatıon a	answered "Yes" on	Form 990, Part I		
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization an	swered "Yes" on I	Form 990, Part 1	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	(f) htus Direct controlling (3)) entity
PENNSYLVANIA FARM BUREAU					
510 SOUTH 31ST STREET  CAMP HILL, PA 17001 23-1382876	PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY	PA	501(C)(5)		N/A
23 1302070					

			le as a Partnership (			es" on For	m 990, Part IV, line	34		
because it had one or more related organizations treated as a partnership during the tax year.)										
		(c)				(h)	(i)			

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging
							Yes	No		Yes	No
Dart IV Identific	ation of Bolated (		rations Tayabla a	s a Corneration or	Truct (Complete u	f the erganization a	newer	od "V	os" on Form 000 Da	rt T\/	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
PFB Members' Service Corporation 510 S 31st Street Camp Hill, PA17001 23-1683448	Wholesaler of Tires and other related inventories	PA	Pennsylvanıa Farm Bureau	С			

Part V Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Part IV, l	ne 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Parts II-IV	7			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)			1b	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)			<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e		No
f Sale of assets to other organization(s)			1f		No
g Purchase of assets from other organization(s)			<b>1</b> g	Yes	
h Exchange of assets			1h		No
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No
					<u> </u>
j Lease of facilities, equipment, or other assets from other organization(s)			1j		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)			1k	Yes	<u> </u>
I Performance of services or membership or fundraising solicitations by other organization(s)			11		No
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n Sharing of paid employees			1n		No
• Reimbursement paid to other organization for expenses			10		No
<b>p</b> Reimbursement paid by other organization for expenses			<b>1</b> p		No
<b>q</b> O ther transfer of cash or property to other organization(s)			1q		No
r Other transfer of cash or property from other organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered relationships	and transaction thres	holds		
(a) Name of other organization		<b>(b)</b> Transaction type(a-r)		(c) it involv	ed
(1) (2)					
(2)					
(3)					
<del>(4)</del>					
(5)					
(6)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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										1
										+
										T
										1

#### Software ID: Software Version:

**EIN:** 90-0155190

Name: PENNSYLVANIA FARM BUREAU (GROUP)

Compensated Employees, and										
(A) Name and Title	(B) Average hours per		tion ( that a	che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Dean G Lobaugh ADAMS - Director	1 00	Х						0	0	0
John R Hess II ADAMS - Director	1 00	Х						0	0	0
Earl G Stock ADAMS - Director	1 00	Х						0	0	0
Francis J Pennings ADAMS - Director	1 00	Х						0	0	0
Michael J Smith ADAMS - Director	1 00	Х						0	0	0
Robert T Clowney ADAMS - Director	1 00	Х						0	0	0
David A Reinecker ADAMS - Director	1 00	X						0	0	0
Gary L Deardorff ADAMS - Director	1 00	Х						0	0	0
Derek Byers ADAMS - Director	1 00	Х						0	0	0
Horace Waybright ADAMS - Governmental Relations Dire	1 00	Х						0	0	0
Denise Shelleman ADAMS - Information Director Direct	1 00	Х						0	0	0
Earl G Stock ADAMS - Member Relations Director	1 00	Х						0	0	0
Denise Shelleman ADAMS - Newsletter Editor Director	1 00	X						0	0	0
Roger A Freehling Jr ARMSTRONG - Director	1 00	X						0	0	0
John A Bennett ARMSTRONG - Director	1 00	Х						0	0	0
Sean R Beck ARMSTRONG - Director	1 00	X						0	0	0
Bryan J McConnell ARMSTRONG - Director	1 00	X						0	0	0
John J Guthrie ARMSTRONG - Governmental Relations	1 00	X						0	0	0
Erin Kimmel ARMSTRONG - Information Director Di	1 00	X						0	0	0
Chris D Kimmel ARMSTRONG - Member Relations Direct	1 00	Х						0	0	0
Erın Kımmel ARMSTRONG - Newsletter Editor Direc	1 00	Х						0	0	0
Edward S McCready BEAVER-LAWRENCE - Director	1 00	Х						0	0	0
Elder V ogel Jr BEAVER-LAWRENCE - Director	1 00	Х						0	0	0
John A Stewart Jr BEAVER-LAWRENCE - Director	1 00	Х						0	0	0
Vicki L Teets BEAVER-LAWRENCE - Governmental Rela	1 00	х						0	0	0

Compensated Employees, and Independent Contractors													
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Richard J Kind BEAVER-LAWRENCE - Governmental Rela	1 00	×						0	0	0			
Katherine M McElhaney BEAVER-LAWRENCE - Information Direc	1 00	х						0	0	0			
Wayne W Harley BEAVER-LAWRENCE - Member Relations	1 00	Х						0	0	0			
Helen Jackson BEAVER-LAWRENCE - Newsletter Editor	1 00	Х						0	0	0			
Thomas Barkman BEDFORD - Director	1 00	Х						0	0	0			
Katrına A Mırfın BEDFORD - Dırector	1 00	Х						0	0	0			
Shirley J Zimmerman BEDFORD - Director	1 00	Х						0	0	0			
Curt D Sweinhart BEDFORD - Director	1 00	Х						0	0	0			
Peter Yorke BEDFORD - Director	1 00	Х						0	0	0			
D Dean Claycomb BEDFORD - Director	1 00	Х						0	0	0			
Ronald L Cashdollar BEDFORD - Governmental Relations Di	1 00	х						0	0	0			
Ronald L Cashdollar BEDFORD - Information Director Dire	1 00	Х						0	0	0			
Brian K Zembower BEDFORD - Information Director Dire	1 00	Х						0	0	0			
Betty O'Neal BEDFORD - Member Relations Director	1 00	Х						0	0	0			
Vicky Zembower BEDFORD - Newsletter Editor Directo	1 00	Х						0	0	0			
Joseph E Rosenbaum BERKS - Director	1 00	Х						0	0	0			
Harry P Shaak BERKS - Director	1 00	Х						0	0	0			
Robert J Tercha BERKS - Director	1 00	Х						0	0	0			
Dorothy J Wagner BERKS - Director	1 00	Х						0	0	0			
Jay D Hunsberger BERKS - Director	1 00	Х						0	0	0			
Stephen R Burkholder BERKS – Director	1 00	Х						0	0	0			
Elizabeth E Peifer BERKS - Director	1 00	Х						0	0	0			
Paul B Zımmerman BERKS - Dırector	1 00	Х						0	0	0			
Ernest R Burkholder BERKS - Director	1 00	Х						0	0	0			
Keith J Masemore BERKS - Director	1 00	х						0	0	0			

Compensated Employees, and	Independ									
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	')		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Brennan K Johns BERKS - Director	1 00	х						О	О	0
Amy A Garber BERKS - Director	1 00	Х						0	0	0
Keith J Masemore BERKS - Governmental Relations Dire	1 00	Х						0	0	0
Amy A Garber BERKS - Information Director Direct	1 00	×						0	0	0
Dorothy J Wagner BERKS - Member Relations Director	1 00	Х						0	0	0
A my A Garber BERKS - Newsletter Editor Director	1 00	Х						0	0	0
Richard E Eastep BLAIR - Director	1 00	Х						0	0	0
Earlyn R Sollenberger BLAIR - Dırector	1 00	Х						0	0	0
Dennis A Kensinger BLAIR - Director	1 00	Х						0	0	0
David A Knab BLAIR - Director	1 00	Х						0	0	0
Reuben B Newswanger BLAIR - Director	1 00	Х						0	0	0
Dorothy J Ross BLAIR - Director	1 00	Х						0	0	0
Paul G Lane BLAIR - Director	1 00	Х						0	0	0
Sarrah J Biddle BLAIR - Director	1 00	Х						0	0	0
Gary R Long BLAIR - Governmental Relations Dire	1 00	Х						0	0	0
Dotty Stahl BLAIR - Information Director Direct	1 00	Х						0	0	0
Earlyn R Sollenberger BLAIR - Member Relations Director	1 00	Х						0	0	0
Dotty Stahl BLAIR - Newsletter Editor Director	1 00	Х						0	0	0
Howard B Keir BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0
L Scott Shedden BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0
James B Warburton BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0
Jon Jenkins BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0
Chris Young BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0
James D Gore BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0
Richard A Brown BRADFORD-SULLIVAN – Director	1 00	Х						0	0	0

Compensated Employees, and Independent Contractors													
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	(C tion ( hat a	che	')			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Wesley G Mosier BRADFORD-SULLIVAN - Director	1 00	×						0	0	0			
Scott Lackey BRADFORD-SULLIVAN - Director	1 00	×						0	0	0			
Jeff Homer BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0			
Jon Brackman BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0			
Howard W Tice BRADFORD-SULLIVAN - Director	1 00	Х						0	0	0			
Barbara Warburton BRADFORD-SULLIVAN - Governmental Re	1 00	x						0	0	0			
Barbara Warburton BRADFORD-SULLIVAN - Information Dir	1 00	х						0	0	0			
Douglas C Graybill BRADFORD-SULLIVAN - Member Relation	1 00	х						0	0	0			
A my Warburton BRADFORD-SULLIVAN - Newsletter Edit	1 00	Х						0	0	0			
Jay S Saddington BUCKS - Director	1 00	Х						0	0	0			
Scott Smith BUCKS - Director	1 00	Х						0	0	0			
Jeffrey L Heacock BUCKS - Director	1 00	Х						0	0	0			
Mıchael F Stitzinger BUCKS - Director	1 00	Х						0	0	0			
Paul S Hockman BUCKS - Director	1 00	Х						0	0	0			
Thomas F Haldeman BUCKS - Director	1 00	Х						0	0	0			
Glenn A Wismer BUCKS - Director	1 00	Х						0	0	0			
Clarence Berger BUCKS - Director	1 00	Х						0	0	0			
Leonard E Crooke BUCKS - Director	1 00	Х						0	0	0			
Jerry G Harris BUCKS - Director	1 00	Х						0	0	0			
Scott Smith BUCKS - Governmental Relations Dire	1 00	Х						0	0	0			
Elaine M Crooks BUCKS - Information Director Direct	1 00	Х						0	0	0			
Mark A Scheetz BUCKS - Member Relations Director	1 00	Х						0	0	0			
Elaine M Crooks BUCKS - Newsletter Editor Director	1 00	Х						0	0	0			
Paul J Suorsa BUTLER - Director	1 00	Х						0	0	0			
Evelyn I Minteer BUTLER - Director	1 00	Х						0	0	0			

Compensated Employees, and	Independ									
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	')	_		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
James Boldy BUTLER - Director	1 00	х						О	О	0
Larry F Baumgartel BUTLER - Director	1 00	Х						0	0	0
Sherry Lokhaiser BUTLER - Director	1 00	×						0	0	0
Paul J Suorsa BUTLER - Governmental Relations Dir	1 00	X						0	0	0
Evelyn I Minteer BUTLER - Information Director Direc	1 00	X						0	0	0
James Boldy BUTLER - Member Relations Director	1 00	Х						0	0	0
Clinton E Champagne BUTLER - Newsletter Editor Director	1 00	Х						0	0	0
James A Benshoff CAMBRIA - Director	1 00	Х						0	0	0
James McMullen CAMBRIA - Director	1 00	Х						0	0	0
Keith Bard CAMBRIA - Director	1 00	Х						0	0	0
Doris J Kuzar CAMBRIA - Director	1 00	Х						0	0	0
Martın P Yahner CAMBRIA - Governmental Relations Di	1 00	Х						0	0	0
Martin P Yahner CAMBRIA - Information Director Dire	1 00	Х						0	0	0
Robert W Davis CAMBRIA - Member Relations Director	1 00	Х						0	0	0
Mary Beth Lieb CAMBRIA - Newsletter Editor Directo	1 00	Х						0	0	0
Daniel Kniffen CENTRE - Director	1 00	Х						0	0	0
Larry Rider CENTRE – Director	1 00	X						0	0	0
Cinda B Corl CENTRE - Director	1 00	X						0	0	0
Sally Tanis CENTRE - Director	1 00	Х						0	0	0
Larry Harpster CENTRE - Director	1 00	Х						0	0	0
Ann M Swinker CENTRE - Governmental Relations Dir	1 00	Х						0	0	0
Ronald E Reese CENTRE - Member Relations Director	1 00	Х						0	0	0
Marlene W Reese CENTRE - Newsletter Editor Director	1 00	Х						0	0	0
Robert G Yarnall Jr CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Marcia A Solda CHESTER-DELAWARE - Director	1 00	Х						0	0	0

Compensated Employees, and	Independ									
(A) Name and Title	(B) Average hours		(C tion ( hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Arthur B Needham CHESTER-DELAWARE - Director	1 00	х						0	0	0
John A Arrell CHESTER-DELAWARE - Director	1 00	х						0	0	0
Randy Bates CHESTER-DELAWARE - Director	1 00	×						0	0	0
Donald Hoopes Hannum CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Edgar W Cannon Jr CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Robert A Hewitt CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Sally Kolb CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Dennis L Breckbill CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Howard S Reyburn CHESTER-DELAWARE - Director	1 00	Х						0	0	0
Joseph Fecondo CHESTER-DELAWARE - Governmental Rel	1 00	Х						0	0	0
Janet E Robinson CHESTER-DELAWARE - Information Dire	1 00	х						0	0	0
Edgar W Cannon Jr CHESTER-DELA WARE - Member Relations	1 00	Х						0	0	0
Janet E Robinson CHESTER-DELAWARE - Newsletter Edito	1 00	Х						0	0	0
Steven L Reichard CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
Laverne J Lewis CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
Bud Wills CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
Matt Hepler CLARION-VENANGO-FOREST - Dırector	1 00	Х						0	0	0
Dale Shaw CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
LaV leta Lerch CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
Todd E Beichner CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
Richard T Griebel CLARION-VENANGO-FOREST - Director	1 00	Х						0	0	0
Bud Wills CLARION-VENANGO-FOREST - Government	1 00	Х						0	0	0
Jerry Schill CLARION-VENANGO-FOREST - Informatio	1 00	Х						0	0	0
Dale Shaw CLARION-VENANGO-FOREST - Member Rel	1 00	Х						0	0	0
Ethel M Horner CLARION-VENANGO-FOREST - Newsletter	1 00	Х						0	0	0

Compensated Employees, and										
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	')		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Chuck Smeal CLEARFIELD - Director	1 00	Х						0	0	0
James Smeal CLEARFIELD - Director	1 00	Х						0	0	0
George Warholak CLEARFIELD - Dırector	1 00	X						0	0	0
Daniel T McAninch CLEARFIELD - Director	1 00	X						0	0	0
Harry Mahlon CLEARFIELD - Director	1 00	Х						0	0	0
John W Riddle CLEARFIELD - Director	1 00	Х						0	0	0
Russell M Orner CLEARFIELD - Governmental Relations	1 00	Х						0	0	0
Richard D Hansel CLEARFIELD - Information Director D	1 00	Х						0	0	0
Daniel T McAninch CLEARFIELD - Member Relations Direc	1 00	Х						0	0	0
Lında Kennıs CLEARFIELD - Newsletter Editor Dire	1 00	Х						0	0	0
Ralph E Dotterer Jr CLINTON - Director	1 00	Х						0	0	0
James D Harbach CLINTON - Director	1 00	Х						0	0	0
Lewis D Snook Jr CLINTON - Director	1 00	Х						0	0	0
Charles R Rosamilia Jr CLINTON - Director	1 00	Х						0	0	0
Douglas J Harbach CLINTON - Director	1 00	Х						0	0	0
Charles W Walizer CLINTON - Director	1 00	Х						0	0	0
David L Snook CLINTON - Governmental Relations Di	1 00	Х						0	0	0
Coreena Meyer CLINTON - Information Director Dire	1 00	Х						0	0	0
John Dotterer CLINTON - Member Relations Director	1 00	Х						0	0	0
Delores Courter CLINTON - Newsletter Editor Directo	1 00	Х						0	0	0
Coreena Meyer CLINTON - Newsletter Editor Directo	1 00	Х						0	0	0
George Hubbard COLUMBIA – Director	1 00	Х						0	0	0
Gerald R McCarty COLUMBIA - Director	1 00	Х						0	0	0
Donald S Karchner COLUMBIA – Director	1 00	Х						0	0	0
Delroy A Artman COLUMBIA - Director	1 00	Х						0	0	0

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Raymond Tucker COLUMBIA - Director	1 00	Х						О	О	0			
Ray W Levan COLUMBIA - Governmental Relations D	1 00	Х						0	0	0			
James E Chapın COLUMBIA – Member Relatıons Dırecto	1 00	Х						0	0	0			
Rosalie Zaginaylo COLUMBIA - Newsletter Editor Direct	1 00	Х						0	0	0			
John E Kunz CRAWFORD - Director	1 00	Х						0	0	0			
Scott J Preston CRAWFORD - Director	1 00	х						0	0	0			
C Sherman Allen CRAWFORD - Director	1 00	Х						0	0	0			
Richard I Muir CRAWFORD – Director	1 00	Х						0	0	0			
Chris Pelc CRAWFORD - Director	1 00	Х						0	0	0			
Catherine Vorisek CRAWFORD - Director	1 00	Х						0	0	0			
Scott J Preston CRAWFORD - Governmental Relations D	1 00	Х						0	0	0			
Christine Greig CRAWFORD - Information Director Dir	1 00	Х						0	0	0			
Mary Schmidt CRAWFORD - Member Relations Directo	1 00	Х						0	0	0			
Christine Greig CRAWFORD - Newsletter Editor Direct	1 00	Х						0	0	0			
Ronald Snoke CUMBERLAND - Director	1 00	Х						0	0	0			
Todd M Rabert CUMBERLAND - Director	1 00	Х						0	0	0			
Mathew A Meals CUMBERLAND - Director	1 00	Х						0	0	0			
Carrie Roush CUMBERLAND - Director	1 00	Х						0	0	0			
Eli D Diven CUMBERLAND - Director	1 00	Х						0	0	0			
Mark R Fulton CUMBERLAND - Director	1 00	Х						0	0	0			
Galen R Smith CUMBERLAND - Governmental Relations	1 00	Х						0	0	0			
Janet G Jamison CUMBERLAND - Information Director D	1 00	Х						0	0	0			
Kent L Strock CUMBERLAND - Member Relations Direc	1 00	Х						0	0	0			
Janet G Jamison CUMBERLAND - Newsletter Editor Dire	1 00	Х						0	0	0			
Keith E O ellig DAUPHIN - Director	1 00	Х						0	0	0			

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Kenneth E Bechtel II DAUPHIN - Director	1 00	X						0	0	0
Joel G Steigman DAUPHIN - Director	1 00	Х						0	0	0
Andrew W Smeltz DAUPHIN - Dırector	1 00	×						0	0	0
Thomas B Williams DAUPHIN - Director	1 00	Х						0	0	0
Joshua Crissinger DAUPHIN - Director	1 00	Х						0	0	0
Wesley E Ames DAUPHIN - Director	1 00	Х						0	0	0
Kenneth Brandt DAUPHIN - Director	1 00	Х						0	0	0
Donald E Carns DAUPHIN - Governmental Relations Di	1 00	Х						0	0	0
Gladys M Smeltz DAUPHIN - Information Director Dire	1 00	Х						0	0	0
Keith E O ellig DAUPHIN - Member Relations Director	1 00	Х						0	0	0
Gladys M Smeltz DAUPHIN - Newsletter Editor Directo	1 00	Х						0	0	0
Helen M Riddle ELK - Director	1 00	Х						0	0	0
Raymond Gahr ELK - Director	1 00	Х						0	0	0
Raymond H McMinn ELK - Director	1 00	Х						0	0	0
John M Straub ELK - Director	1 00	Х						0	0	0
Ernest Carl Mattiuz Jr ELK - Governmental Relations Direct	1 00	Х						0	0	0
Rosemary M Mattiuz ELK - Information Director Director	1 00	Х						0	0	0
Roger Auman Sr ELK - Member Relations Director	1 00	Х						0	0	0
Rosemary M Mattiuz ELK - Newsletter Editor Director	1 00	Х						0	0	0
David Wagner ERIE - Director	1 00	X						0	0	0
Walter J Royek ERIE – Director	1 00	Х						0	0	0
Mark Troyer ERIE – Director	1 00	Х						0	0	0
Dennis Patrick Whitney ERIE - Director	1 00	Х						0	0	0
John McNulty ERIE - Director	1 00	Х						0	0	0
Dan Koman ERIE – Director	1 00	Х						0	0	0

Compensated Employees, and	Independ	dent C	ont	act	tors	•				
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	')		ı	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
John Alfred Pero ERIE - Governmental Relations Direc	1 00	х						0	О	0
Robin Orr ERIE - Information Director Directo	1 00	Х						0	0	0
Robin Orr ERIE - Newsletter Editor Director	1 00	Х						0	0	0
Edward A Rinkhoff Jr FAYETTE - Director	1 00	×						0	0	0
Susan Sickle FAYETTE - Director	1 00	Х						0	0	0
Andrea Janson FAYETTE - Director	1 00	Х						0	0	0
Clarence F Robinson FAYETTE - Director	1 00	Х						0	0	0
Richard A Allen FAYETTE - Director	1 00	Х						0	0	0
Gregg A Langley FAYETTE - Governmental Relations Di	1 00	Х						0	0	0
Andrea Janson FAYETTE - Member Relations Director	1 00	Х						0	0	0
Lisa M Robison FAYETTE - Newsletter Editor Directo	1 00	Х						0	0	0
Frances Reichard FRANKLIN – Director	1 00	Х						0	0	0
Zachary A Neil FRANKLIN – Director	1 00	Х						0	0	0
Christopher J Brechbill FRANKLIN - Director	1 00	Х						0	0	0
Drew W Johnson FRANKLIN – Director	1 00	Х						0	0	0
Mıcah M Meyers Jr FRANKLIN – Dırector	1 00	X						0	0	0
Justin C Conner FRANKLIN – Director	1 00	X						0	0	0
Amanda J Koons FRANKLIN - Governmental Relations D	1 00	Х						0	0	0
JoAnna R Sollenberger FRANKLIN - Information Director Dir	1 00	Х						0	0	0
JoAnna R Sollenberger FRANKLIN - Newsletter Editor Direct	1 00	Х						0	0	0
Justin W Fischer FULTON - Director	1 00	Х						0	0	0
Cory L Gress FULTON - Director	1 00	Х						0	0	0
Michael L Fischer FULTON - Director	1 00	Х						0	0	0
Ricky A Leese FULTON - Director	1 00	Х						0	0	0
Donald R Bard FULTON - Director	1 00	Х						0	0	0

Compensated Employees, and I	Independ	ent Co	ontr	act	ors	1		Г	Γ	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Marlın M Lynch FULTON - Governmental Relations Dir	1 00	Х						0	0	0
Kathy M Fischer FULTON - Information Director Direc	1 00	Х						0	0	0
Kathy M Fischer FULTON - Newsletter Editor Director	1 00	Х						0	0	0
Clinton Butcher GREENE - Director	1 00	Х						0	0	0
Adolf Deynzer GREENE - Director	1 00	Х						0	0	0
James Cowell Jr GREENE - Director	1 00	Х						0	0	0
Jack Snyder GREENE - Governmental Relations Dir	1 00	Х						0	0	0
Clinton Butcher GREENE - Member Relations Director	1 00	Х						0	0	0
Allen Behrer HUNTINGDON - Director	1 00	Х						0	0	0
Raymond L Morningstar HUNTINGDON - Director	1 00	Х						0	0	0
Matthew N Barnett HUNTINGDON - Director	1 00	Х						0	0	0
Gene Musser HUNTINGDON - Director	1 00	Х						0	0	0
Michael W Barnett HUNTINGDON - Director	1 00	Х						0	0	0
Deborah Hoover HUNTINGDON - Dırector	1 00	Х						0	0	0
Jan Cowan HUNTINGDON - Director	1 00	Х						0	0	0
Timothy B Nowlin HUNTINGDON - Governmental Relations	1 00	X						0	0	0
Deborah Hoover HUNTINGDON - Information Director D	1 00	Х						0	0	0
S Michael Mowrer HUNTINGDON - Member Relations Direc	1 00	Х						0	0	0
Deborah Hoover HUNTINGDON - Newsletter Editor Dire	1 00	Х						0	0	0
John Franklın Ackerson INDIANA - Dırector	1 00	Х						0	0	0
Ray A Sleppy INDIANA - Director	1 00	Х						0	0	0
Beth Fabin INDIANA - Director	1 00	Х						0	0	0
Andy Fabin INDIANA - Director	1 00	Х						0	0	0
Robert W Martin INDIANA - Director	1 00	Х						0	0	0
J Paul Isenberg INDIANA - Dırector	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and		dent C			tors	5		<u> </u>		
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	che	')	_	ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
J Paul Isenberg INDIANA - Governmental Relations Di	1 00	×						0	0	0
William A McConnell INDIANA - Information Director Dire	1 00	×						0	0	0
Robert W Martin INDIANA - Member Relations Director	1 00	х						0	0	0
Sharı R Sleppy INDIANA - Newsletter Editor Directo	1 00	×						0	0	0
James H Fogg JEFFERSON - Director	1 00	Х						0	0	0
Leon S Blose JEFFERSON - Director	1 00	Х						0	0	0
Diane M Kiehl JEFFERSON - Director	1 00	х						0	0	0
Wayne L Himes JEFFERSON - Director	1 00	х						0	0	0
Royce M Sprague JEFFERSON - Director	1 00	х						0	0	0
Richard M Wise JEFFERSON - Director	1 00	Х						0	0	0
James H Fogg JEFFERSON - Governmental Relations	1 00	Х						0	0	0
Lois M Pifer JEFFERSON - Information Director Di	1 00	х						0	0	0
Diane M Kiehl JEFFERSON - Newsletter Editor Direc	1 00	х						0	0	0
Jim M Shenk JUNIATA - Director	1 00	×						0	0	0
Carl Spade JUNIATA - Director	1 00	х						0	0	0
David S Clark JUNIATA - Director	1 00	Х						0	0	0
Daniel G Geissinger JUNIATA - Director	1 00	х						0	0	0
Matthew W Matter JUNIATA - Director	1 00	×						0	0	0
Dennis R Meiser JUNIATA – Director	1 00	Х						0	0	0
Nellie Crawford JUNIATA - Governmental Relations Di	1 00	Х						0	0	0
Jaclyn R Matter JUNIATA - Information Director Dire	1 00	Х						0	0	0
David W Sheets JUNIATA - Member Relations Director	1 00	Х						0	0	0
Rachel Shenk JUNIATA - Newsletter Editor Directo	1 00	х						0	0	0
G David Ginder LANCASTER - Director	1 00	Х						0	0	0
J Michael Zimmerman LANCASTER - Director	1 00	×						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and		ient C			.015	•		<i>(</i> -)	<b>7-</b> 3	<b>7-3</b>
(A) Name and Title	(B) Average hours per		tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Barry Siegrist Jr LANCASTER - Director	1 00	x						0	0	0
Bradley S Rohrer LANCASTER - Director	1 00	Х						0	0	0
Robert H Rohrer LANCASTER - Director	1 00	x						0	0	0
Alfred M Wanner Jr LANCASTER - Director	1 00	Х						0	0	0
John H Hershey LANCASTER - Director	1 00	Х						0	0	0
Willis B Krantz LANCASTER - Director	1 00	Х						0	0	0
John H Wolgemuth LANCASTER - Director	1 00	Х						0	0	0
J Richard Brenneman LANCASTER - Director	1 00	Х						0	0	0
Wilmer E Yost LANCASTER - Director	1 00	Х						0	0	0
Jeffrey G Balmer LANCASTER - Governmental Relations	1 00	Х						0	0	0
Deborah A Benner LANCASTER - Information Director Di	1 00	Х						0	0	0
David Bollinger LANCASTER - Member Relations Direct	1 00	X						0	0	0
Amy Benner LANCASTER - Newsletter Editor Direc	1 00	Х						0	0	0
Tim Crouse LEBANON - Director	1 00	Х						0	0	0
Dale E Heagy LEBANON - Director	1 00	Х						0	0	0
Gregory E Hostetter LEBANON - Director	1 00	Х						0	0	0
Daniel A Brandt LEBANON - Director	1 00	Х						0	0	0
Harold B Kreider LEBANON - Director	1 00	Х						0	0	0
Steven J Wenger LEBANON - Director	1 00	Х						0	0	0
James R Hoffman Sr LEBANON - Director	1 00	Х						0	0	0
Jeffrey L Werner LEBANON - Director	1 00	Х						0	0	0
Dennis L Grubb LEBANON - Director	1 00	Х						0	0	0
Dennis L Grubb LEBANON - Governmental Relations Di	1 00	Х						0	0	0
Daniel A Brandt LEBANON - Information Director Dire	1 00	Х						0	0	0
Daniel A Brandt LEBANON - Member Relations Director	1 00	Х						0	0	0

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Daniel A Brandt LEBANON - Newsletter Editor Directo	1 00	х						0	0	0
Annette Pattishall LEHIGH - Director	1 00	х						0	0	0
Sterling H Raber LEHIGH - Director	1 00	x						0	0	0
Arland H Schantz LEHIGH - Dırector	1 00	Х						0	0	0
Nancy Semmel LEHIGH – Director	1 00	×						0	0	0
Arland H Schantz LEHIGH - Governmental Relations Dir	1 00	Х						0	0	0
Sonia Fink LEHIGH - Information Director Direc	1 00	Х						1,200	0	0
William T Boyd LEHIGH - Member Relations Director	1 00	×						0	0	0
Sonia Fink LEHIGH - Newsletter Editor Director	1 00	Х						0	0	0
Rudolph Chapin LUZERNE - Director	1 00	Х						0	0	0
Dale W Frederick LUZERNE - Director	1 00	Х						0	0	0
Francis J Broyan LUZERNE - Director	1 00	Х						0	0	0
Keith R Hilliard LUZERNE - Director	1 00	х						0	0	0
Martin Smith LUZERNE - Director	1 00	Х						0	0	0
Randy G Yoder LUZERNE – Director	1 00	Х						0	0	0
Matthew Balliet LUZERNE - Governmental Relations Di	1 00	Х						0	0	0
Richard E Yost LUZERNE - Information Director Dire	1 00	Х						0	0	0
Charles E Phile LUZERNE - Member Relations Director	1 00	Х						0	0	0
Richard E Yost LUZERNE - Newsletter Editor Directo	1 00	Х						0	0	0
Kevin Stahlnecker LYCOMING – Director	1 00	Х						0	0	0
Benjamin A Hepburn LYCOMING - Director	1 00	Х						0	0	0
Carlos Snyder LYCOMING - Director	1 00	Х						0	0	0
Russell Reitz LYCOMING - Governmental Relations D	1 00	Х						0	0	0
Barbara A Steppe LYCOMING - Information Director Dir	1 00	Х						0	0	0
Edward D Frantz LYCOMING - Member Relations Directo	1 00	×						0	0	0

Compensated Employees, and	Independ	dent C	onti	act	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per		(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Barbara A Steppe LYCOMING - Newsletter Editor Direct	1 00	Х						0	0	0
Lawrence Stratton Jr MCKEAN-POTTER - Director	1 00	Х						0	0	0
Thomas F Edgreen MCKEAN-POTTER - Director	1 00	Х						0	0	0
Dave Peterson MCKEAN-POTTER - Director	1 00	Х						0	0	0
Dave Okerlund MCKEAN-POTTER - Director	1 00	X						0	0	0
Thomas F Edgreen MCKEAN-POTTER - Governmental Relatı	1 00	X						0	0	0
Dave Peterson MCKEAN-POTTER - Member Relations Di	1 00	Х						0	0	0
Tanya Okerlund MCKEAN-POTTER - Newsletter Editor D	1 00	Х						0	0	0
William G Powell MERCER - Director	1 00	Х						0	0	0
Karen Pilgram MERCER - Director	1 00	X						0	0	0
Wayne Swift MERCER - Director	1 00	X						0	0	0
Daniel Ealy MERCER - Director	1 00	X						0	0	0
Lana R Mozes MERCER - Governmental Relations Dir	1 00	X						0	0	0
Carol Gregg MERCER - Information Director Direc	1 00	Х						0	0	0
Kern Pilgram MERCER - Member Relations Director	1 00	Х						0	0	0
Mary Ann Lary MERCER - Newsletter Editor Director	1 00	Х						0	0	0
James L Hostetter MIFFLIN - Director	1 00	Х						0	0	0
Mark M Ellinger MIFFLIN - Director	1 00	Х						0	0	0
J Elrose Glick MIFFLIN - Director	1 00	Х						0	0	0
David C Glick MIFFLIN - Director	1 00	Х						0	0	0
Timothy R Goss MIFFLIN - Director	1 00	Х						0	0	0
William L Sellers MIFFLIN - Director	1 00	Х						0	0	0
Kent A Spicher MIFFLIN - Director	1 00	Х						0	0	0
A dam E Meily MIFFLIN - Director	1 00	Х						0	0	0
Mark M Ellinger MIFFLIN - Governmental Relations Di	1 00	Х						0	0	0

Compensated Employees, and I	Independ	ent Co	ontr	act	ors					
(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che	)		•	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Janel O Harrop MIFFLIN - Newsletter Editor Directo	1 00	х						0	0	0
Charles D Rhoads MONTGOMERY - Director	1 00	Х						0	0	0
Blaine Souder MONTGOMERY - Director	1 00	Х						0	0	0
John E Kulp MONTGOMERY - Director	1 00	Х						0	0	0
Elizabeth Emlen MONTGOMERY - Director	1 00	Х						0	0	0
Jeffrey T Mowrer MONTGOMERY - Director	1 00	Х						0	0	0
Charles A Marsch MONTGOMERY - Director	1 00	Х						0	0	0
Lois A Rhoads MONTGOMERY - Governmental Relations	1 00	х						0	0	0
Bethany Landis MONTGOMERY - Information Director D	1 00	Х						0	0	0
Merrill G Ruth MONTGOMERY - Member Relations Direc	1 00	Х						0	0	0
Bethany Landıs MONTGOMERY - Newsletter Editor Dire	1 00	Х						0	0	0
Keith T Fletcher MONTOUR - Director	1 00	Х						0	0	0
Shane R Betz MONTOUR - Director	1 00	Х						0	0	0
Michael L Woodruff MONTOUR - Director	1 00	Х						0	0	0
James Jordan MONTOUR - Director	1 00	Х						0	0	0
Jay E Wissler MONTOUR - Governmental Relations Di	1 00	Х						0	0	0
Phyllis Wissler MONTOUR - Information Director Dire	1 00	Х						0	0	0
Donald C Bergey MONTOUR - Member Relations Director	1 00	Х						0	0	0
Phyllis Wissler MONTOUR - Newsletter Editor Directo	1 00	Х						0	0	0
Jeffrey H Keifer NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Dennis E Koehler NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Duane L Stevenson Jr NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Burton W A ckerman NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Ruth Fulmer NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Ralph W Hahn NORTHAMPTON-MONROE - Director	1 00	х						0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors					
(A) Name and Title	(B) Average hours	Posi t	tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Jeffrey A Brewer NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Gloria J Koehler NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Jeffrey Kahler NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Robert J Hoyer NORTHAMPTON-MONROE - Director	1 00	Х						0	0	0
Robert J Hoyer NORTHAMPTON-MONROE - Governmental R	1 00	х						0	0	0
Ray I Mack NORTHAMPTON-MONROE - Information Di	1 00	х						0	0	0
Ralph W Hahn NORTHAMPTON-MONROE - Member Relatio	1 00	Х						0	0	0
Joseph Bolen NORTHAMPTON-MONROE - Newsletter Edı	1 00	Х						0	0	0
Gary Truckenmiller NORTHUMBERLAND - Director	1 00	Х						0	0	0
Dean Reiner NORTHUMBERLAND - Director	1 00	Х						0	0	0
Josh Daniels NORTHUMBERLAND - Director	1 00	Х						0	0	0
Timothy Lesher NORTHUMBERLAND - Director	1 00	Х						0	0	0
George Craig Richard NORTHUMBERLAND - Governmental Relat	1 00	Х						0	0	0
Mollie Geise NORTHUMBERLAND - Information Direct	1 00	Х						0	0	0
Josh Daniels NORTHUMBERLAND - Member Relations D	1 00	Х						0	0	0
Mollie Geise NORTHUMBERLAND - Newsletter Editor	1 00	Х						0	0	0
Irene B Osborne PERRY – Director	1 00	Х						0	0	0
Jason L Snyder PERRY - Director	1 00	Х						0	0	0
Steven M Innerst PERRY - Director	1 00	Х						0	0	0
Robert O'Toole PERRY - Director	1 00	Х						0	0	0
David E Shenk III PERRY - Director	1 00	Х						0	0	0
Dennis L Weller PERRY - Director	1 00	Х						0	0	0
John E Flanders PERRY - Director	1 00	Х						0	0	0
Stephen C Naylor PERRY - Director	1 00	Х						0	0	0
Wayne Freeman PERRY - Governmental Relations Dire	1 00	×						0	0	0

Compensated Employees, and	Indepen	dent C	ont	ract	tors	s .				
(A) Name and Title	(B) Average hours		tion ( that a	che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Denise Sheriff PERRY - Information Director Direct	1 00	×						150	0	0
Steven M Innerst PERRY - Member Relations Director	1 00	Х						0	0	0
Denise Sheriff PERRY - Newsletter Editor Director	1 00	×						0	0	0
John K Shafer SCHUYLKILL-CARBON - Director	1 00	Х						0	0	0
Jack Zukovich SCHUYLKILL-CARBON - Director	1 00	x						0	0	0
David K Koch SCHUYLKILL-CARBON - Director	1 00	×						0	0	0
Nelson W Moyer SCHUYLKILL-CARBON - Director	1 00	Х						0	0	0
David L Green SCHUYLKILL-CARBON - Director	1 00	×						0	0	0
Keith E Masser SCHUYLKILL-CARBON - Director	1 00	Х						0	0	0
Allen T Hinkel SCHUYLKILL-CARBON - Director	1 00	×						0	0	0
George Page Sholly SCHUYLKILL-CARBON - Director	1 00	Х						0	0	0
John C Halabura SCHUYLKILL-CARBON - Dırector	1 00	Х						0	0	0
Nathan W Tallman SCHUYLKILL-CARBON - Dırector	1 00	х						0	0	0
David K Koch SCHUYLKILL-CARBON - Governmental Re	1 00	Х						0	0	0
Kate Hendricks SCHUYLKILL-CARBON - Information Dir	1 00	Х						0	0	0
Kate Hendricks SCHUYLKILL-CARBON - Newsletter Edit	1 00	х						0	0	0
Timothy E Wetzel SNYDER - Director	1 00	X						0	0	0
Linda Fisher SNYDER - Director	1 00	Х						0	0	0
Leander Dave Zook SNYDER - Director	1 00	Х						0	0	0
John A Landis SNYDER - Director	1 00	х						0	0	0
Morrill A Curtis SNYDER - Director	1 00	Х						0	0	0
Clair Esbenshade SNYDER - Director	1 00	х						0	0	0
Charles E Benner SNYDER - Governmental Relations Dir	1 00	Х						0	0	0
Gloria C Huse SNYDER - Information Director Direc	1 00	Х						0	0	0
Morrill A Curtis SNYDER - Member Relations Director	1 00	Х						0	0	0

Compensated Employees, and I		ent Co			ors			I I		
(A) Name and Title	(B) Average hours		tion ( hat a	che		I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Gloria C Huse SNYDER - Newsletter Editor Director	1 00	Х						0	0	0
Phillip Gene Ott SOMERSET - Director	1 00	Х						0	0	0
W J Brant SOMERSET - Director	1 00	Х						0	0	0
Scott Rhoads SOMERSET - Director	1 00	Х						0	0	0
Roger Wahl SOMERSET - Director	1 00	Х						0	0	0
A dam Coleman SO MERSET - Director	1 00	Х						0	0	0
Kurt M Walker SOMERSET - Governmental Relations D	1 00	Х						0	0	0
Andrea Stoltzfus SOMERSET - Information Director Dir	1 00	Х						0	0	0
David B Marker SOMERSET - Member Relations Directo	1 00	Х						0	0	0
Andrea Stoltzfus SOMERSET - Newsletter Editor Direct	1 00	Х						0	0	0
Dennis LaRue SUSQUEHANNA - Director	1 00	Х						0	0	0
Pauline J Fallon SUSQUEHANNA - Director	1 00	Х						0	0	0
Michelene Klim SUSQUEHANNA - Director	1 00	Х						0	0	0
J William Brooks SUSQUEHANNA - Director	1 00	Х						0	0	0
Richard M Empet SUSQUEHANNA - Director	1 00	Х						0	0	0
Cheryl Matulevich SUSQUEHANNA - Director George F Hayes	1 00	Х						0	0	0
SUSQUEHANNA - Director Thomas C Helmacy	1 00	Х						0	0	0
SUSQUEHANNA - Director Joseph F Plonski	1 00	Х						0	0	0
SUSQUEHANNA - Director William Ord	1 00	Х						0	0	0
SUSQUEHANNA - Governmental Relation	1 00	Х						0	0	0
Donna L Williams SUSQUEHANNA - Information Director	1 00	Х						0	0	0
Donna L Williams SUSQUEHANNA - Newsletter Editor Dir	1 00	Х						0	0	0
Travis R Hartranft TIOGA-POTTER - Director	1 00	Х						0	0	0
Jonathan Blass TIOGA-POTTER - Director	1 00	Х						0	0	0
Rhoda M Lent TIOGA-POTTER - Director	1 00	Х						0	0	0

Compensated Employees, and	Independ	lent C	onti	act	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Stanley Brubaker TIOGA-POTTER - Director	1 00	х						О	0	0
Karl W Kroeck TIOGA-POTTER - Director	1 00	Х						0	0	0
Jeffery Barnes TIOGA-POTTER - Director	1 00	Х						0	0	0
Philip E Lehman TIOGA-POTTER - Director	1 00	X						0	0	0
John P Painter II TIOGA-POTTER - Governmental Relatio	1 00	Х						0	0	0
Sarah Hazelton TIOGA-POTTER – Information Director	1 00	X						0	0	0
John P Painter II TIOGA-POTTER - Member Relations Dir	1 00	Х						0	0	0
Sarah Hazelton TIOGA-POTTER - Newsletter Editor Di	1 00	Х						0	0	0
Gary Pfleegor Jr UNION - Director	1 00	Х						0	0	0
D Anthony Dietrich UNION - Director	1 00	Х						0	0	0
Jerry R Martin UNION - Director	1 00	Х						0	0	0
Eric D Moser UNION - Director	1 00	Х						0	0	0
Jım Brubaker UNION - Director	1 00	Х						0	0	0
Kathy L Spangler UNION - Director	1 00	Х						0	0	0
John R Walter UNION - Director	1 00	Х						0	0	0
Eric D Moser UNION - Governmental Relations Dire	1 00	Х						0	0	0
Guy H Temple UNION - Information Director Direct	1 00	Х						0	0	0
Lucas W Criswell UNION - Member Relations Director	1 00	Х						0	0	0
Olivia C Platt UNION - Newsletter Editor Director	1 00	Х						0	0	0
Arlene V Curtis WARREN - Director	1 00	Х						0	0	0
Sheryl Vanco WARREN - Director	1 00	Х						0	0	0
Dianna Sleeman WARREN - Director	1 00	Х						0	0	0
David L Enos WARREN - Director	1 00	Х						0	0	0
Kım D Spicer WARREN - Director	1 00	Х						0	0	0
Harold E Curtis WARREN - Governmental Relations Dir	1 00	Х						0	0	0

Compensated Employees, and I	Independ	ent C	ontr	act	ors			Т	Γ	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( hat a	che	)			( <b>D</b> )  Reportable  compensation  from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Sheryl Vanco WARREN - Information Director Direc	1 00	Х						0	0	0
Fred A Lucks WARREN - Member Relations Director	1 00	Х						0	0	0
Deborah J Lucks WARREN - Newsletter Editor Director	1 00	Х						0	0	0
Amy Ross Manko WASHINGTON - Director	1 00	Х						0	0	0
John M Lindley WASHINGTON - Director	1 00	Х						0	0	0
John Bertovich Jr WASHINGTON - Director	1 00	Х						0	0	0
Clarke Tedd Miller Jr WASHINGTON - Director	1 00	Х						0	0	0
Mark Adams WASHINGTON – Governmental Relations	1 00	Х						0	0	0
Suzanne C Beinlich WASHINGTON - Member Relations Direc	1 00	Х						0	0	0
Claudıa B Sweger WASHINGTON - Newsletter Editor Dire	1 00	Х						0	0	0
Christina Salak WAYNE-PIKE – Director	1 00	Х						0	0	0
Lynıta Vail WAYNE-PIKE – Director	1 00	Х						0	0	0
Henry G Curtis Jr WAYNE-PIKE - Director	1 00	Х						0	0	0
Gilbert Loscig WAYNE-PIKE – Director	1 00	Х						0	0	0
Robert E Kieff WAYNE-PIKE - Director	1 00	Х						0	0	0
Carole A Grodack WAYNE-PIKE – Director	1 00	Х						0	0	0
Thomas Daschke WAYNE-PIKE - Director	1 00	Х						0	0	0
Matthew Shaffer WAYNE-PIKE - Director	1 00	Х						0	0	0
David Williams WAYNE-PIKE - Director	1 00	Х						0	0	0
Andrew W Weist Jr WAYNE-PIKE – Director	1 00	Х						0	0	0
Thomas Daschke WAYNE-PIKE - Governmental Relations	1 00	Х						0	0	0
Marian Schweighofer WAYNE-PIKE - Information Director D	1 00	Х						0	0	0
Robert E Kieff WAYNE-PIKE - Member Relations Direc	1 00	Х						0	0	0
Tammie Williams WAYNE-PIKE - Newsletter Editor Dire	1 00	Х						0	0	0
William A Doney WESTMORELAND - Director	1 00	х						0	0	0

Compensated Employees, and I	_	ent Co			ors					
(A) Name and Title	(B) A verage hours	Posi t	(C tion ( hat a	che	)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
James D Rugh WESTMORELAND - Director	1 00	х						0	0	0
Gretchen Winklosky WESTMORELAND - Director	1 00	Х						0	0	0
William G Selembo WESTMORELAND - Director	1 00	Х						0	0	0
Terrence J Matty WESTMORELAND - Director	1 00	Х						0	0	0
Sharon McGinnis WESTMORELAND - Director	1 00	Х						0	0	0
Wayne E Baughman WESTMORELAND - Governmental Relatio	1 00	Х						0	0	0
James N Garwood WESTMORELAND - Member Relations Dir	1 00	X						0	0	0
Robert N Bateman WESTMORELAND - Newsletter Editor Di	1 00	Х						0	0	0
Dale Shupp WYOMING-LACKAWANNA - Director	1 00	Х						0	0	0
Clifford Kuback WYOMING-LACKAWANNA - Director	1 00	Х						0	0	0
Robert Naylor WYOMING-LACKAWANNA - Director	1 00	Х						0	0	0
Merle Lewis WYOMING-LACKAWANNA - Director	1 00	Х						0	0	0
Allan McLain WYO MING-LA CKA WANNA - Director	1 00	Х						0	0	0
Roland E Anderson WYOMING-LACKAWANNA - Director	1 00	Х						0	0	0
Dale Shupp WYOMING-LACKAWANNA - Governmental R	1 00	Х						0	0	0
A udrey Naylor WYO MING-LA CKA WA NNA - Information Di	1 00	Х						0	0	0
Clifford Kuback WYOMING-LACKAWANNA - Member Relatio	1 00	Х						0	0	0
Hılda Lewis WYOMING-LACKAWANNA - Newsletter Edi	1 00	Х						0	0	0
Robert H Gochenaur III YORK - Director	1 00	Х						0	0	0
Leroy E Walker YORK - Director	1 00	Х						0	0	0
Thomas W Earp YORK - Director	1 00	Х						0	0	0
Kevin F Clark YORK - Director	1 00	Х						0	0	0
Patricia A Sueck YORK - Director	1 00	Х						0	0	0
Donnell Taylor YORK - Director	1 00	Х						0	0	0
Andrew Flinchbaugh YORK - Director	1 00	Х						0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	act	ors			<b>.</b>	1	
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	( <b>E</b> ) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Brenda Hoenstine YORK - Director	1 00	х						0	0	0
Edwin G Livingston YORK - Director	1 00	Х						0	0	0
Patricia A Sueck YORK - Governmental Relations Direc	1 00	Х						0	0	0
Katherine Flinchbaugh YORK - Information Director Directo	1 00	Х						0	0	0
Julie L Flinchbaugh YORK - Member Relations Director	1 00	Х						0	0	0
Dolores Krick YORK - Newsletter Editor Director	1 00	Х						0	0	0
Robert T Clowney ADAMS - Member Services Coordinator	1 00			×				0	0	0
John R Hess II ADAMS - Membership Chairperson	1 00			×				0	0	0
Daniel Wilkinson ADAMS - President	1 00			х				865	0	0
Denise Shelleman ADAMS - Secretary/Treasurer	1 00			х				0	0	0
Mark L Widerman ADAMS - Vice President	1 00			х				0	0	0
Chris D Kimmel ARMSTRONG - Member Services Coordin	1 00			х				0	0	0
John A Bennett ARMSTRONG - Membership Chairperson	1 00			х				0	0	0
Robert E Iseman II ARMSTRONG – President	1 00			Х				0	0	0
John J Guthrie ARMSTRONG - Secretary	1 00			Х				0	0	0
Chris D Kimmel ARMSTRONG - Treasurer	1 00			х				0	0	0
Robert Culp ARMSTRONG - Vice President	1 00			×				0	0	0
Floyd Bonzo BEAVER-LAWRENCE - Member Services C	1 00			х				0	0	0
Robert B Jackson Jr BEAVER-LAWRENCE - Member Services C	1 00			x				0	0	0
Robert B Jackson Jr BEAVER-LAWRENCE - Membership Chairp	1 00			х				0	0	0
Henry Karkı BEAVER-LAWRENCE - President	1 00			Х				0	0	0
Helen Jackson BEAVER-LAWRENCE - Secretary	1 00			Х				0	0	0
Penny E Kretzer BEAVER-LAWRENCE - Treasurer	1 00			х				0	0	0
Leslie McBride BEAVER-LAWRENCE - Vice President	1 00			х				0	0	0
Richard C McElhaney BEAVER-LAWRENCE - Vice President	1 00			×				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	act	ors					
(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che	)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Helen Jackson BEAVER-LAWRENCE - Vice President	1 00			х				0	0	0
D Dean Claycomb BEDFORD - Member Services Coordinat	1 00			х				0	0	0
Fred E Claycomb BEDFORD - Membership Chairperson	1 00			x				0	0	0
Brian K Zembower BEDFORD - President	1 00			х				0	0	0
Jane Yoder BEDFORD - Secretary/Treasurer	1 00			x				0	0	0
Betty O'Neal BEDFORD - Vice President	1 00			х				0	0	0
Bruce Nunamaker BEDFORD - Vice President	1 00			х				0	0	0
Robert J Tercha BERKS - Member Services Coordinator	1 00			х				0	0	0
Eugene Richard BERKS - Membership Chairperson	1 00			х				0	0	0
Paul B Zimmerman BERKS - Membership Chairperson	1 00			х				0	0	0
Larry G Gelsinger BERKS - President	1 00			x				0	0	0
Robin Lincoln BERKS - Secretary/Treasurer	1 00			х				0	0	0
George E Moyer BERKS - Vice President	1 00			x				0	0	0
Douglas A Smith BLAIR - Member Services Coordinator	1 00			х				0	0	0
Donald L Brumbaugh BLAIR - Membership Chairperson	1 00			x				0	0	0
Gary R Long BLAIR - President	1 00			х				0	0	0
Dotty Stahl BLAIR - Secretary/Treasurer	1 00			×				0	0	0
Kenneth T Brenneman BLAIR - Vice President	1 00			х				0	0	0
Randolf Kuhn BRADFORD-SULLIVAN – Membership Chai	1 00			х				0	0	0
Barbara Warburton BRADFORD-SULLIVAN - President	1 00			х				0	0	0
Amy Warburton BRADFORD-SULLIVAN - Secretary/Treas	1 00			x				3,000	0	0
Douglas C Graybill BRADFORD-SULLIVAN - Vice President	1 00			х				0	0	0
Aaron L Landis BUCKS - Member Services Coordinator	1 00			х				0	0	0
Mark A Scheetz BUCKS - Membership Chairperson	1 00			х				0	0	0
Jay S Saddington BUCKS - Membership Chairperson	1 00			x				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors				<b>I</b>	
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mark A Scheetz BUCKS - President	1 00			×				О	0	0
Elaine M Crooks BUCKS - Secretary/Treasurer	1 00			Х				4,800	0	0
Don Buckman BUCKS - Vice President	1 00			х				0	0	0
Lawrence Voll BUTLER - Member Services Coordinato	1 00			Х				0	0	0
James Boldy BUTLER - Membership Chairperson	1 00			х				0	0	0
Lawrence Voll BUTLER - President	1 00			х				0	0	0
Ronald L Smith BUTLER - Secretary	1 00			х				0	0	0
Ruth H Wilson BUTLER - Treasurer	1 00			х				0	0	0
Robert H Niggel BUTLER - Vice President	1 00			х				0	0	0
Charles E Hollen Jr CAMBRIA – Member Services Coordinat	1 00			х				0	0	0
Eugene Eckenrode CAMBRIA - Membership Chairperson	1 00			х				0	0	0
Robert W Davis CAMBRIA - President	1 00			x				0	0	0
C Elizabeth Hollen CAMBRIA - Secretary	1 00			х				0	0	0
Mary Smithmyer CAMBRIA – Treasurer	1 00			х				0	0	0
Richard J Davis CAMBRIA – Vice President	1 00			х				0	0	0
Thomas E Smithmyer CAMBRIA - Vice President	1 00			х				0	0	0
Richard Trinca CENTRE - Member Services Coordinato	1 00			x				0	0	0
Andrea Graeff CENTRE - Membership Chairperson	1 00			х				0	0	0
David Fetterolf CENTRE - President	1 00			х				0	0	0
Marlene W Reese CENTRE - Secretary	1 00			х				0	0	0
Barbara J Kerstetter CENTRE - Treasurer	1 00			х				0	0	0
John V Ishler CENTRE - Vice President	1 00			х				0	0	0
Dennis L Breckbill CHESTER-DELAWARE - Member Services	1 00			х				0	0	0
Harold R Kulp CHESTER-DELAWARE - Membership Chair	1 00			х				0	0	0
Howard S Robinson CHESTER-DELAWARE - Membership Chair	1 00			х				805	0	0

Compensated Employees, and I	ndepend	ent Co			ors			Г		
<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual tiustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Daniel Miller CHESTER-DELAWARE - President	1 00			х				О	o	0
Janet E Robinson CHESTER-DELA WARE - Secretary/Treasu	1 00			х				7,200	0	0
Joseph Fecondo CHESTER-DELAWARE - Vice President	1 00			x				0	0	0
Donald J Horner CLARION-VENANGO-FOREST - Membership	1 00			х				0	0	0
Brady D Kadunce CLARION-VENANGO-FOREST - President	1 00			х				0	0	0
Barbara Jean Schill CLARION-VENANGO-FOREST - Secretary/	1 00			х				0	0	0
Joseph C Makray CLARION-VENANGO-FOREST - Vice Presi	1 00			x				0	0	0
Daniel T McAninch CLEARFIELD - Membership Chairperson	1 00			х				0	0	0
Michael P Kunsman CLEARFIELD - President	1 00			x				0	0	0
Leon D Kriner CLEARFIELD – Secretary	1 00			х				0	0	0
Elizabeth K Smeal CLEARFIELD - Treasurer	1 00			х				0	0	0
Richard D Hansel CLEARFIELD - Vice President	1 00			х				0	0	0
Leon D Kriner CLEARFIELD - Vice President	1 00			х				0	0	0
Lewis D Snook Jr CLINTON - Member Services Coordinat	1 00			х				0	0	0
John Dotterer CLINTON - Membership Chairperson	1 00			х				0	0	0
Allen Berry CLINTON - Membership Chairperson	1 00			х				0	0	0
David L Snook CLINTON - President	1 00			х				0	0	0
Gail E Courter CLINTON - Secretary/Treasurer	1 00			х				0	0	0
Coreena Meyer CLINTON - Vice President	1 00			х				0	0	0
George Hubbard COLUMBIA - Membership Chairperson	1 00			х				0	0	0
Clifton D Miller COLUMBIA - President	1 00			х				0	0	0
Karen L Chapın COLUMBIA - Secretary/Treasurer	1 00			х				600	0	0
John Zagınaylo III COLUMBIA - Vıce President	1 00			х				0	0	0
Tammy G Robbins COLUMBIA - Vice President	1 00			х				0	0	0
Scott J Preston CRAWFORD - Member Services Coordina	1 00			х				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors			<b>T</b>		
(A) Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Scott J Preston CRAWFORD - Membership Chairperson	1 00			х				0	0	0
Robert J Waddell CRAWFORD - President	1 00			Х				0	0	0
Christine Greig CRAWFORD - Secretary	1 00			Х				0	0	0
Cynthia Kunz CRAWFORD - Treasurer	1 00			Х				0	0	0
Mary Schmidt CRAWFORD - Vice President	1 00			х				0	0	0
Michael J Isiminger CRAWFORD - Vice President	1 00			х				0	0	0
Victor G Barrick CUMBERLAND - Member Services Coordi	1 00			Х				0	0	0
Kingsley J Blasco CUMBERLAND – Membership Chairperson	1 00			х				0	0	0
Carrie Roush CUMBERLAND – Membership Chairperson	1 00			X				0	0	0
Richard G Mains Jr CUMBERLAND - President	1 00			X				0	0	0
Wilma Rolar CUMBERLAND - Secretary	1 00			х				0	0	0
Robert H Jamison CUMBERLAND - Treasurer	1 00			х				0	0	0
Victor G Barrick CUMBERLAND - Vice President	1 00			х				0	0	0
Wesley E Ames DAUPHIN - Member Services Coordinat	1 00			х				0	0	0
Keith E Oellig DAUPHIN - Membership Chairperson	1 00			x				0	0	0
Donald E Carns DAUPHIN - President	1 00			X				0	0	0
Walter R Smeltz DAUPHIN - Secretary/Treasurer	1 00			X				0	0	0
Charles H Hetrick Jr DAUPHIN - Vice President	1 00			Х				0	0	0
Kırby M Reichert Jr DAUPHIN - Vice President	1 00			Х				0	0	0
Marvin Riddle ELK - Member Services Coordinator	1 00			Х				0	0	0
Ernest Carl Mattiuz Jr ELK - Membership Chairperson	1 00			Х				0	0	0
Roger Auman Sr ELK - President	1 00			Х				0	0	0
Ernest Carl Mattiuz Jr ELK - Secretary	1 00			Х				0	0	0
Marvin Riddle ELK - Treasurer	1 00			Х				0	0	0
Ernest Carl Mattiuz Jr ELK - Vice President	1 00	_		х				0	0	0

Compensated Employees, and 1	ndepend	ent Co	ntr	acto	ors					
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Walter J Royek ERIE – Membership Chairperson	1 00			Х				0	0	0
Nicholas C Mobilia Jr ERIE - President	1 00			х				0	0	0
Kathleen W Maas ERIE – Secretary	1 00			x				0	0	0
Gretchen Kruse ERIE – Treasurer	1 00			х				0	0	0
Randall P Meabon ERIE - Vice President	1 00			х				0	0	0
Andrea Janson FAYETTE - Membership Chairperson	1 00			х				0	0	0
Alvın Dıamond FAYETTE - President	1 00			х				0	0	0
Gregg A Langley FAYETTE - Secretary	1 00			х				0	0	0
Christopher J Rerko FAYETTE - Treasurer	1 00			х				0	0	0
James Griffin FAYETTE - Vice President	1 00			х				0	0	0
Carl D Wenger FRANKLIN – Member Services Coordina	1 00			х				0	0	0
Carl D Wenger FRANKLIN - Membership Chairperson	1 00			х				0	0	0
Timothy R Stoner FRANKLIN - Membership Chairperson	1 00			х				0	0	0
Jack E Martin FRANKLIN – President	1 00			х				0	0	0
JoAnna Sollenberger FRANKLIN - Secretary	1 00			х				0	0	0
G Clifford Gayman FRANKLIN - Treasurer	1 00			х				0	0	0
Clement Haldeman FRANKLIN - Vice President	1 00			х				0	0	0
Brian J Musser FRANKLIN - Vice President	1 00			х				0	0	0
Reed C Englert FULTON - Member Services Coordinato	1 00			х				0	0	0
Dennis Lee Knepper FULTON - Membership Chairperson	1 00			×				0	0	0
Reed C Englert FULTON - President	1 00			×				0	0	0
Kathy M Fischer FULTON - Secretary/Treasurer	1 00			x				0	0	0
Dennis Lee Knepper FULTON – Vice President	1 00			х				0	0	0
Roland Daniels GREENE - Member Services Coordinato	1 00			x				0	0	0
Clinton Butcher GREENE - Membership Chairperson	1 00			×				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors			Т	T	
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	)		_	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Roland Daniels GREENE - President	1 00			×				0	0	0
Barbara Robison GREENE - Secretary/Treasurer	1 00			Х				0	0	0
Lewis J Matt III GREENE - Vice President	1 00			x				o	О	0
S Michael Mowrer HUNTINGDON - Member Services Coordi	1 00			х				0	0	0
S Michael Mowrer HUNTINGDON - Membership Chairperson	1 00			х				0	0	0
Paul D Powell HUNTINGDON - Membership Chairperson	1 00			х				0	0	0
James M Morningstar HUNTINGDON - President	1 00			x				0	0	0
Barbara Kyper HUNTINGDON - Secretary/Treasurer	1 00			х				900	0	0
Rodney Davis HUNTINGDON - Vice President	1 00			х				0	0	0
Dennis P McConnell INDIANA - Member Services Coordinat	1 00			х				0	0	0
Robert W Martin INDIANA - Membership Chairperson	1 00			х				0	0	0
Dennis P McConnell INDIANA - President	1 00			х				0	0	0
Helen McMillen INDIANA - Secretary	1 00			x				0	0	0
Calvın Farren INDIANA - Treasurer	1 00			x				0	0	0
David Kimmel INDIANA - Vice President	1 00			х				0	0	0
Ray N Shepler JEFFERSON - Membership Chairperson	1 00			x				0	0	0
Barbara Buhite JEFFERSON - President	1 00			x				0	0	0
Loretta Shepler JEFFERSON - Secretary/Treasurer	1 00			х				0	0	0
Richard L Reed JEFFERSON – Vice President	1 00			х				0	0	0
David W Sheets JUNIATA - Member Services Coordinat	1 00			×				0	0	0
David G Graybill JUNIATA - Membership Chairperson	1 00			x				0	0	0
David G Graybill JUNIATA - President	1 00			×				0	0	0
Rachel Shenk JUNIATA - Secretary	1 00			×				0	0	0
Elsie J Sheets JUNIATA - Treasurer	1 00			x				0	0	0
David W Sheets JUNIATA - Vice President	1 00			×				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors					,
<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Kyle Supplee JUNIATA – Vice President	1 00			х				О	0	0
Willis B Krantz LANCASTER - Member Services Coordin	1 00			х				0	0	0
David Bollinger LANCASTER - Membership Chairperson	1 00			x				0	0	0
Deborah A Benner LANCASTER - President	1 00			х				1,200	0	0
Amy Benner LANCASTER - Secretary/Treasurer	1 00			х				2,800	0	0
Steve R Hershey LANCASTER - Vice President	1 00			х				0	0	0
Donald L Ranck LANCASTER - Vice President	1 00			х				0	0	0
David Bollinger LANCASTER - Vice President	1 00			х				0	0	0
Dale E Heagy LEBANON - Member Services Coordinat	1 00			х				0	0	0
Robert B Smith LEBANON - Membership Chairperson	1 00			х				0	0	0
Curtis L Martin LEBANON - President	1 00			х				0	0	0
Tracy L Heagy LEBANON - Secretary/Treasurer	1 00			х				0	0	0
Joel H Krall LEBANON - Vice President	1 00			х				0	0	0
John Berry LEHIGH - Member Services Coordinato	1 00			х				0	0	0
Arland H Schantz LEHIGH - Membership Chairperson	1 00			х				0	0	0
William T Boyd LEHIGH - President	1 00			х				0	0	0
John Berry LEHIGH - Secretary	1 00			х				0	0	0
Sandra Kantor LEHIGH - Treasurer	1 00			х				0	0	0
Keith D Harwick LEHIGH - Vice President	1 00			х				0	0	0
Keith R Hilliard LUZERNE – Membership Chairperson	1 00			х				0	0	0
Matthew Balliet LUZERNE - President	1 00			х				0	0	0
Richard E Yost LUZERNE - Secretary/Treasurer	1 00			×				0	0	0
Charles E Phile LUZERNE - Vice President	1 00			x				0	0	0
Edward D Frantz LYCOMING - Member Services Coordina	1 00			×				0	0	0
Carlos Snyder LYCOMING – Membership Chairperson	1 00			×				0	0	0

Compensated Employees, and	Independ	ent Co	ontr	act	ors			Г	<u> </u>	
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( that a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Edward D Frantz LYCOMING - President	1 00			х				0	0	0
Denise Artley LYCOMING - Secretary	1 00			х				0	0	0
Barbara A Steppe LYCOMING - Treasurer	1 00			х				0	0	0
Russell Reitz LYCOMING - Vice President	1 00			х				0	0	0
Dave Peterson MCKEAN-POTTER - Member Services Coo	1 00			х				0	0	0
Dave Peterson MCKEAN-POTTER – Membership Chairper	1 00			х				0	0	0
James A Tanner MCKEAN-POTTER - President	1 00			х				0	0	0
Doris S Edgreen MCKEAN-POTTER - Secretary	1 00			х				0	0	0
Laura Isadore MCKEAN-POTTER - Treasurer	1 00			х				0	0	0
Gary Isadore MCKEAN-POTTER - Vice President	1 00			х				0	0	0
Kern Pilgram MERCER - Membership Chairperson	1 00			х				0	0	0
J Steven Paxton MERCER - President	1 00			х				0	0	0
Joseph N Phillips Jr MERCER - Secretary	1 00			х				0	0	0
Lana R Mozes MERCER - Secretary	1 00			х				0	0	0
Vırgıl Amon MERCER - Treasurer	1 00			X				0	0	0
Kern Pilgram MERCER - Vice President	1 00			х				0	0	0
David C Glick MIFFLIN - Member Services Coordinat	1 00			X				0	0	0
Timothy R Goss MIFFLIN - Membership Chairperson	1 00			х				0	0	0
Frank A Bonson MIFFLIN - President	1 00			х				0	0	0
Jamı L Glıck MIFFLIN - Secretary	1 00			Х				0	0	0
Pauline Glick MIFFLIN - Treasurer	1 00			Х				0	0	0
Orville P Heister MIFFLIN - Vice President	1 00			Х				0	0	0
David K Yoder MONTGOMERY - Member Services Coordi	1 00			х				0	0	0
Merrill G Ruth MONTGOMERY - Membership Chairperson	1 00			х				0	0	0
John Caroff MONTGOMERY - President	1 00			x				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors					
(A) Name and Title	(B) Average hours	Posii t	(( tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Bethany Landıs MONTGOMERY - Secretary	1 00			х				2,240	0	0
Merrill G Ruth MONTGOMERY - Treasurer	1 00			x				1,117	0	0
Francis McDonnell MONTGOMERY - Vice President	1 00			х				0	0	0
James Jordan MONTOUR - Member Services Coordinat	1 00			х				0	0	0
Jay E Wissler MONTOUR - Membership Chairperson	1 00			х				0	0	0
John H Zeager MONTOUR - President	1 00			х				0	0	0
Betty L Woodruff MONTOUR - Secretary/Treasurer	1 00			х				0	0	0
Donald C Bergey MONTOUR - Vice President	1 00			х				0	0	0
Jeffrey Kahler NORTHAMPTON-MONROE - Member Service	1 00			х				0	0	0
Ray I Mack NORTHAMPTON-MONROE - President	1 00			х				0	0	0
Susan Hahn NORTHAMPTON-MONROE - Secretary/Trea	1 00			х				1,150	0	0
John P Miller NORTHAMPTON-MONROE - Vice President	1 00			х				0	0	0
Dean Reiner NORTHUMBERLAND - Member Services Co	1 00			х				0	0	0
William S Geise NORTHUMBERLAND - Membership Chairpe	1 00			х				0	0	0
Glenda Strouse NORTHUMBERLAND - President	1 00			x				0	0	0
Mollie Geise NORTHUMBERLAND - Secretary	1 00			x				0	0	0
George W Umholtz Jr NORTHUMBERLAND - Treasurer	1 00			х				0	0	0
George Craig Richard NORTHUMBERLAND - Vice President	1 00			х				0	0	0
Jon Clemens NORTHUMBERLAND - Vice President	1 00			х				0	0	0
Steven M Innerst PERRY - Member Services Coordinator	1 00			х				0	0	0
Vance R Kretzing PERRY - Membership Chairperson	1 00			х				0	0	0
Charles E Thiemann PERRY - President	1 00			×				0	0	0
Jill Quigley PERRY - Secretary/Treasurer	1 00			x				1,200	0	0
Scott A Brofee PERRY - Vice President	1 00			х				0	0	0
Kate Hendricks SCHUYLKILL-CARBON - Member Services	1 00			x				0	0	0

Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors					
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Allen T Hınkel SCHUYLKILL-CARBON - Membershıp Chaı	1 00			х				0	0	0
Kent A Heffner SCHUYLKILL-CARBON - President	1 00			Х				0	0	0
Kate Hendricks SCHUYLKILL-CARBON - Secretary/Treas	1 00			x				1,700	0	0
Dennis Marbarger SCHUYLKILL-CARBON - Vice President	1 00			х				0	0	0
Calvin C Fisher Jr SNYDER - Member Services Coordinato	1 00			х				0	0	0
Morrill A Curtis SNYDER - Membership Chairperson	1 00			Х				0	0	0
Robert W Heimbach SNYDER - President Patsy L Howell	1 00			Х				0	0	0
SNYDER - Secretary Vicky J Heimbach	1 00			X				0		0
SNYDER - Treasurer Douglas A Klingler	1 00			X				0		
SNYDER - Vice President Phillip Gene Ott	1 00			X				0		0
SOMERSET - Member Services Coordina Phillip Gene Ott	1 00			X				0		
SOMERSET - Membership Chairperson Glenn H Stoltzfus	1 00			X				0		
SO MERSET - President Carol J Walker	1 00			Х				0	0	0
SOMERSET - Secretary  Debra K Ott  SOMERSET - Treasurer	1 00			х				0	0	0
Larry Cogan SO MERSET - Vice President	1 00			х				0	0	0
Ted C Place SUSQUEHANNA - Member Services Coord	1 00			х				0	0	0
K Allen Roszel SUSQUEHANNA – Membership Chairperso	1 00			х				0	0	0
Donna L Williams SUSQUEHANNA - President	1 00			х				0	0	0
Alton G Arnold SUSQUEHANNA - Secretary/Treasurer	1 00			х				0	0	0
Katherine M Shelly SUSQUEHANNA - Vice President	1 00			Х				0	0	0
Philip E Lehman TIOGA-POTTER - Member Services Coor	1 00			х				0	0	0
John P Painter II TIOGA-POTTER - Membership Chairpers	1 00			х				0	0	0
John P Painter II TIOGA-POTTER - President	1 00			Х				0	0	0
Kurt A Kosa TIOGA-POTTER - Secretary	1 00			х				0	0	0

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	Posi t	tion ( hat a	(che	')			( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Julie Kroeck TIOGA-POTTER - Treasurer	1 00			x				0	0	0
Timothy P Wood TIOGA-POTTER - Vice President	1 00			х				0	0	0
D Anthony Dietrich UNION - Membership Chairperson	1 00			х				0	0	0
John R Walter UNION - Membership Chairperson	1 00			х				0	0	0
Michael S Platt UNION - President	1 00			х				0	0	0
Susan Hauck UNION - Secretary	1 00			х				0	0	0
Crystal L Bollinger UNION - Treasurer	1 00			х				0	0	0
Fred A Lucks WARREN - Member Services Coordinato	1 00			х				0	0	0
Mark E Lawson WARREN - Membership Chairperson	1 00			х				0	0	0
Mark E Lawson WARREN - President	1 00			х				0	0	0
Deborah J Lucks WARREN - Secretary/Treasurer	1 00			х				0	0	0
George W Morton WARREN - Vice President	1 00			х				0	0	0
H Peter Block WARREN - Vice President	1 00			x				0	0	0
Harold E Curtis WARREN - Vice President	1 00			х				0	0	0
L George Wherry WASHINGTON - President	1 00			х				0	0	0
Gary D Woodruff WASHINGTON - Secretary	1 00			х				0	0	0
Pamela Kelly WASHINGTON - Treasurer	1 00			х				0	0	0
Donald M Henderson Jr WASHINGTON - Vice President	1 00			х				0	0	0
Henry G Curtis Jr WAYNE-PIKE - Member Services Coordi	1 00			х				0	0	0
Gilbert Loscig WAYNE-PIKE - Membership Chairperson	1 00			x				0	0	0
Marlyn L Shaffer WAYNE-PIKE - President	1 00			×				0	0	0
Carole A Grodack WAYNE-PIKE - Secretary	1 00			×				1,800	0	0
Louise Erk WAYNE-PIKE - Treasurer	1 00			×				1,800	0	0
Karl Eisenhauer Jr WAYNE-PIKE - Vice President	1 00			×				0	0	0
Marian Schweighofer WAYNE-PIKE - Vice President	1 00			x				0	0	0

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week		tion (	(che	')			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
James N Garwood WESTMORELAND - Member Services Coor	1 00			х				0	0	0	
James G Schenck Jr WESTMORELAND - Membership Chairpers	1 00			x				0	0	0	
Wayne E Baughman WESTMORELAND - President	1 00			х				0	0	0	
James G Schenck Jr WESTMORELAND - Secretary	1 00			х				0	0	0	
Phillip G Long WESTMORELAND - Treasurer	1 00			х				0	0	0	
Alquin F Heinnickel WESTMO RELAND - Vice President	1 00			х				0	0	0	
Merle Lewis WYO MING-LA CKA WA NNA - Member Service	1 00			x				0	0	0	
Clifford Kuback WYOMING-LACKAWANNA - Membership Cha	1 00			х				0	0	0	
Kenneth O Teel WYOMING-LACKAWANNA - President	1 00			х				0	0	0	
Connie M Teel WYOMING-LACKAWANNA - Secretary/Trea	1 00			х				800	0	0	
Brian D Lacoe WYOMING-LACKAWANNA - Vice President	1 00			х				0	0	0	
Andrew Flinchbaugh YORK - Member Services Coordinator	1 00			х				0	0	0	
Julie L Flinchbaugh YORK - Membership Chairperson	1 00			х				0	0	0	
William S Buser YORK - President	1 00			х				0	0	0	
Katherine Flinchbaugh YORK - Secretary	1 00			х				960	0	0	
Deborah A Leiphart YORK - Treasurer	1 00			х				960	0	0	
Dolores Krick YORK - Vice President	1 00			×				0	0	0	