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**A For the 2011 calendar year, or tax year beginning 04-01-2011, and ending 03-31-2012**

<b>C Name of organization</b> PENNSYLVANIA HEARTLAND HERB SOCIETY	
Number and street (or P O box, if mail is not delivered to street address) PO BOX 4124	Room/suite
City or town, state or country, and ZIP + 4 READING, PA 196063711	

<b>D Employer identification number</b>	23-2349396
<b>E Telephone number</b>	(610) 404-8581
<b>F Group Exemption Number</b>	

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one)— ☐ 501(c)(3) ☒ 501(c)( 5) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 32,150**

**Part I**   **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	25,392
	3	Membership dues and assessments	3	3,600
	4	Investment income	4	248
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	774
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
			6b	970
	c	Less direct expenses from gaming and fundraising events	6c	3,971
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	-2,227
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	1,166
	b	Less cost of goods sold	7b	788
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	378
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	27,391
	10	Grants and similar amounts paid (list in Schedule O)	10	7,150
	11	Benefits paid to or for members	11	3,641
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	500
	14	Occupancy, rent, utilities, and maintenance	14	300
	15	Printing, publications, postage, and shipping	15	454
	16	Other expenses (describe in Schedule O)	16	15,660
	17	Total expenses. Add lines 10 through 16	17	27,705
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-314
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	65,655
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	65,341	

**Part II**    **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	63,764	<b>22</b>	63,735
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	1,891	<b>24</b>	1,606
<b>25</b> <b>Total assets</b> . . . . .	65,655	<b>25</b>	65,341
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	65,655	<b>27</b>	65,341

**Part III**    **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III . ☒

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

TO PROMOTE KNOWLEDGE, EDUCATION, AND THE USE OF HERBS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
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**29**

(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	
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**30**

(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	
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<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	

<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	19,333
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**Part IV**    **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

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		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> . . . . .		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> . . . . .		
42a	The organization's books are in care of <input type="checkbox"/> AMY SCHIAVONE Telephone no <input type="checkbox"/> (610) 404-8581 PO BOX 4124 Located at <input type="checkbox"/> READING, PA ZIP + 4 <input type="checkbox"/> 19606		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . . See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . .	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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

f Total number of other employees paid over \$100,000

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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	***** Signature of officer		2012-07-19 Date		
	AMY R SCHIAVONE TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	RUTHANN J WOLL	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00647342
	Firm's name (or yours if self-employed), address, and ZIP + 4	REINSEL KUNTZ LESHER LLP 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008			EIN 23-2108173
					Phone no (610) 376-1595

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
PENNSYLVANIA HEARTLAND HERB SOCIETY**Employer identification number**

23-2349396

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 248
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 1,166 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 788 GROSS PROFIT 378 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 1,891 MERCHANDISE PURCHASED 503 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 1,606 COST OF GOODS SOLD 788
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATIONAL GRANTEE NAME INDIVIDUAL GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/26/11 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME VARIOUS CHARITABLE ORGANIZATIONS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 04/28/11 AMOUNT GIVEN 5,650 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,150
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 250 DESCRIPTION INSURANCE AMOUNT 40 DESCRIPTION UNIT EDUCATION AMOUNT 269 DESCRIPTION SALES TAX AMOUNT 124 DESCRIPTION SYMPOSIUM EXPENSE AMOUNT 12,299 DESCRIPTION GARDEN MATERIALS AMOUNT 101 DESCRIPTION MID-ATLANTIC DISTRICT GATHERING AMOUNT 2,577 TOTAL TO FORM 990-EZ, LINE 16 15,660
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 1,891 END OF YEAR AMOUNT 1,606

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** PENNSYLVANIA HEARTLAND HERB SOCIETY

**EIN:** 23-2349396

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 23-2349396

Name: PENNSYLVANIA HEARTLAND HERB SOCIETY

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28</div> THE ORGANIZATION HOLDS AN ANNUAL 3-DAY SYMPOSIUM OPEN TO THE PUBLIC FEATURING CHILDREN'S PRGORAMS, LECTURES, WORKSHOPS, AND TOURS PROVIDED BY VOLUNTEERS (Grants \$ 1,500) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	12,299
<div>29</div> THE ORGANIZATION PROVIDED OVER 2,085 HOURS OF HERBAL TEACHING, EDUCATIONAL PROGRAMS, & WORKSHOPS TAUGHT BY VOLUNTEERS (Grants \$ 5,650) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	4,356
<div>30</div> THE ORGANIZATION'S VOLUNTEERS SPENT OVER 580 HOURS MAINTAINING AREA GARDENS (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	101
THE MID-ATLANTIC DISTRICT HAS A SYMPOSIUM THAT COINCIDES WITH THE ANNUAL MEETING ON THE DISTRICT LEVEL IN WHICH PHHS HOSTED IN 2011, INCURRING UNUSUAL EXPENSES IN THE BUDGET THE ORGANIZATION PROVIDED OVER 146 HOURS OF VOLUNTEER WORK FOR THIS EVENT (Grants \$ 0) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		2,577



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

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