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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PENNSYLVANIA FARM BUREAU (GROUP)

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
510 S 31ST STREET

City or town, state or country, and ZIP + 4
CAMP HILL, PA 17011

D Employer identification number
90-0155190

E Telephone number
(717)761-2740

G Gross receipts $ 1,083,932

F Name and address of principal officer
LOUIS R SALLIE
510 S 31ST STREET
CAMP HILL, PA 17011

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3132

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PFB COM

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY

2 Check this box ▶☐ 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)	**3**	517
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	517
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	1,154
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	26,355
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	31,484	37,524
	9 Program service revenue (Part VIII, line 2g)	822,719	857,180
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,510	3,279
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,617	64,224
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	922,330	962,207
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	154,043	197,450
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,429	37,020
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	703,845	721,144
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	900,317	955,614
	19 Revenue less expenses Subtract line 18 from line 12	22,013	6,593

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,538,143	2,546,388
	21 Total liabilities (Part X, line 26)	1,630,899	1,629,955
	22 Net assets or fund balances Subtract line 21 from line 20	907,244	916,433

Part II 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 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

****** 2013-04-12
Signature of officer Date

WILLIAM MONTGOMERY CONTROLLER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MICHAEL J MENEAR | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00075073

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BOYER & RITTER
211 HOUSE AVENUE
CAMP HILL, PA 17011

EIN ▶ 23-1311005

Phone no ▶ (717) 761-7210

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** 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*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 and IV*	15		No
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 and IV*	16		No
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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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**		
c	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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** 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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	26		
b	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?			**1c**	Yes	
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 return	**2a**	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
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?			**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**		No
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).**					
a	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	**7d**				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	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	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	517		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	517		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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)(3)s only) available for public inspection Indicate how you made 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 made 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 the organization ▶

VARIOUS COUNTY FARM BUREAU'S
510 S 31ST STREET
CAMP HILL, PA 17011
(717) 761-2740

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								33,017	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J 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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 37,524				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	37,524			
Program Service Revenue			Business Code			
	2a	MEMBERSHIP DUES	900099	683,686	683,686	
	b	MEMBER'S MEETINGS INC	900099	173,494	173,494	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		857,180		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,279		3,279
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
			(i) Real	(ii) Personal		
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 85,162				
	b	Less direct expenses . . . b 55,672				
	c	Net income or (loss) from fundraising events . . ▶	29,490			29,490
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 67,279				
	b	Less cost of goods sold . . b 66,053				
	c	Net income or (loss) from sales of inventory . . ▶	1,226		1,226	
		Miscellaneous Revenue	Business Code			
	11a	ADVERTISING	541800	14,585	14,585	
	b	MEMBER SERVICE INCENTI	541800	10,544	10,544	
	c	MISCELLANEOUS	900099	8,379	8,379	
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		33,508		
	12	**Total revenue.** See Instructions . . . ▶		962,207	865,559	26,355	32,769

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	197,450			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	33,017			
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	4,003			
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)				
a	Management				
b	Legal				
c	Accounting	242			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	70,115			
12	Advertising and promotion	21,572			
13	Office expenses	186,646			
14	Information technology				
15	Royalties . .				
16	Occupancy				
17	Travel	3,491			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	334,649			
20	Interest				
21	Payments to affiliates	21,119			
22	Depreciation, depletion, and amortization	1,447			
23	Insurance	40,896			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SCHOLARSHIPS	29,455			
b	MISCELLANEOUS	11,512			
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	955,614			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		866,214	1	874,432
	2	Savings and temporary cash investments		196,102	2	182,770
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,000	4	3,000
	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 Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,360,591	9	1,359,198
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 73,313			
	b	Less accumulated depreciation	10b 65,521	8,435	10c	7,792
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		100,776	12	117,033
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,025	15	2,163
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,538,143	16	2,546,388
Liabilities	17	Accounts payable and accrued expenses		601	17	616
	18	Grants payable			18	
	19	Deferred revenue		1,630,298	19	1,629,339
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,630,899	26	1,629,955
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		907,244	27	916,433
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		907,244	33	916,433
	34	Total liabilities and net assets/fund balances		2,538,143	34	2,546,388

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	962,207
2	Total expenses (must equal Part IX, column (A), line 25)	2	955,614
3	Revenue less expenses Subtract line 2 from line 1	3	6,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	907,244
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,596
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	916,433

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
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	2c		
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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	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		No
b	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		

Additional Data

Software ID:
Software Version:
EIN: 90-0155190
Name: PENNSYLVANIA FARM BUREAU (GROUP)

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
CHRIS B BAUGHER ADAMS - DIRECTOR	1 00	X						0	0	0
FRANCIS J PENNINGS ADAMS - DIRECTOR	1 00	X						0	0	0
MICHAEL J SMITH ADAMS - DIRECTOR	1 00	X						0	0	0
DAVID A REINECKER ADAMS - DIRECTOR	1 00	X						0	0	0
GARY L DEARDORFF ADAMS - DIRECTOR	1 00	X						0	0	0
EARL G STOCK ADAMS - DIRECTOR	1 00	X						0	0	0
DEREK BYERS ADAMS - DIRECTOR	1 00	X						0	0	0
JEDIDIAH D FETTER ADAMS - DIRECTOR	1 00	X						0	0	0
CHAD KETTERMAN ADAMS - DIRECTOR	1 00	X						0	0	0
HORACE WAYBRIGHT ADAMS - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DENISE SHELLEMAN ADAMS - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
EARL G STOCK ADAMS - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
SEAN R BECK ARMSTRONG - DIRECTOR	1 00	X						0	0	0
JASON L RENSHAW ARMSTRONG - DIRECTOR	1 00	X						0	0	0
ROGER A FREEHLING JR ARMSTRONG - DIRECTOR	1 00	X						0	0	0
PAUL STUBRICK ARMSTRONG - DIRECTOR	1 00	X						0	0	0
EDWARD S MCCREADY BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
ELDER VOGEL JR BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
JOHN A STEWART JR BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
LOREN ELDER BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
RICHARD J KIND BEAVER-LAWRENCE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
WAYNE W HARLEY BEAVER-LAWRENCE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SHIRLEY J ZIMMERMAN BEDFORD - DIRECTOR	1 00	X						0	0	0
CURT D SWEINHART BEDFORD - DIRECTOR	1 00	X						0	0	0
PETER YORKE BEDFORD - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
ROBERT W DETWILER BEDFORD - DIRECTOR	1 00	X						0	0	0
THOMAS BARKMAN BEDFORD - DIRECTOR	1 00	X						0	0	0
KATRINA A MIRFIN BEDFORD - DIRECTOR	1 00	X						0	0	0
ROBERT W DETWILER BEDFORD - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
BRIAN K ZEMBOWER BEDFORD - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
BETTY O'NEAL BEDFORD - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
VICKY ZEMBOWER BEDFORD - NEWSLETTER EDITOR DIRECTOR	1 00	X						0	0	0
JOSEPH E ROSENBAUM BERKS - DIRECTOR	1 00	X						0	0	0
HARRY P SHAAK BERKS - DIRECTOR	1 00	X						0	0	0
ROBERT J TERCHA BERKS - DIRECTOR	1 00	X						0	0	0
DOROTHY J WAGNER BERKS - DIRECTOR	1 00	X						0	0	0
PAUL B ZIMMERMAN BERKS - DIRECTOR	1 00	X						0	0	0
KEITH J MASEMORE BERKS - DIRECTOR	1 00	X						0	0	0
ELIZABETH E PEIFER BERKS - DIRECTOR	1 00	X						0	0	0
STEPHEN R BURKHOLDER BERKS - DIRECTOR	1 00	X						0	0	0
CHARLES SEIDEL BERKS - DIRECTOR	1 00	X						0	0	0
PAUL G HARTMAN BERKS - DIRECTOR	1 00	X						0	0	0
AMY A GARBER BERKS - DIRECTOR	1 00	X						0	0	0
BRENNAN K JOHNS BERKS - DIRECTOR	1 00	X						0	0	0
KEITH J MASEMORE BERKS - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ELIZABETH E PEIFER BERKS - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DOROTHY J WAGNER BERKS - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RICHARD E EASTEP BLAIR - DIRECTOR	1 00	X						0	0	0
REUBEN B NEWSWANGER BLAIR - DIRECTOR	1 00	X						0	0	0
DAVID A KNAB BLAIR - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
DENNIS A KENSINGER BLAIR - DIRECTOR	1 00	X						0	0	0
DOROTHY J ROSS BLAIR - DIRECTOR	1 00	X						0	0	0
PAUL G LANE BLAIR - DIRECTOR	1 00	X						0	0	0
SARRAH J BIDDLE BLAIR - DIRECTOR	1 00	X						0	0	0
TRACY HAINSEY BLAIR - DIRECTOR	1 00	X						0	0	0
KENNETH T BRENNEMAN BLAIR - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DOTTY STAHL BLAIR - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
REUBEN B NEWSWANGER BLAIR - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
HOWARD B KEIR BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
L SCOTT SHEDDEN BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JAMES B WARBURTON BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JAMES D GORE BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
WESLEY G MOSIER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JON JENKINS BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
CHRIS YOUNG BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
PAUL K ROBBINS BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JEFF HOMER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
PATRICIA ZEIDNER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JON BRACKMAN BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
HOWARD W TICE BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - GOVERNMENTAL RELATIONS DIRECTO	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DOUGLAS C GRAYBILL BRADFORD-SULLIVAN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JAY S SADDINGTON BUCKS - DIRECTOR	1 00	X						0	0	0
JEFFREY L HEACOCK BUCKS - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
BETH ROSS BUCKS - DIRECTOR	1 00	X						0	0	0
MICHAEL F STITZINGER BUCKS - DIRECTOR	1 00	X						0	0	0
SCOTT SMITH BUCKS - DIRECTOR	1 00	X						0	0	0
GLENN A WISMER BUCKS - DIRECTOR	1 00	X						0	0	0
PAUL S HOCKMAN BUCKS - DIRECTOR	1 00	X						0	0	0
THOMAS F HALDEMAN BUCKS - DIRECTOR	1 00	X						0	0	0
CLARENCE BERGER BUCKS - DIRECTOR	1 00	X						0	0	0
LEONARD E CROOKE BUCKS - DIRECTOR	1 00	X						0	0	0
JERRY G HARRIS BUCKS - DIRECTOR	1 00	X						0	0	0
SCOTT SMITH BUCKS - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARK A SCHEETZ BUCKS - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PAUL J SUORSA BUTLER - DIRECTOR	1 00	X						0	0	0
EVELYN I MINTEER BUTLER - DIRECTOR	1 00	X						0	0	0
DENNIS G BRYAN BUTLER - DIRECTOR	1 00	X						0	0	0
HAROLD FOERTSCH BUTLER - DIRECTOR	1 00	X						0	0	0
SHERRY LOKHAISER BUTLER - DIRECTOR	1 00	X						0	0	0
PAUL J SUORSA BUTLER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
EVELYN I MINTEER BUTLER - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JAMES BOLDY BUTLER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
KEITH BARD CAMBRIA - DIRECTOR	1 00	X						0	0	0
DORIS J KUZAR CAMBRIA - DIRECTOR	1 00	X						0	0	0
THEODORE J FARABAUGH CAMBRIA - DIRECTOR	1 00	X						0	0	0
CHAD HOOVER CAMBRIA - DIRECTOR	1 00	X						0	0	0
MARTIN P YAHNER CAMBRIA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARTIN P YAHNER CAMBRIA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
ROBERT W DAVIS CAMBRIA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
HERBERT COLE JR CENTRE - DIRECTOR	1 00	X						0	0	0
DAVID L HOUSER CENTRE - DIRECTOR	1 00	X						0	0	0
LARRY HARPSTER CENTRE - DIRECTOR	1 00	X						0	0	0
JOHN V ISHLER CENTRE - DIRECTOR	1 00	X						0	0	0
C ALLEN ISHLER CENTRE - DIRECTOR	1 00	X						0	0	0
ANN M SWINKER CENTRE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KELLY BENNER CENTRE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ARTHUR B NEEDHAM CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
JOHN A ARRELL CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
DONALD HOOPES HANNUM CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
RANDY BATES CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
HOWARD S REYBURN CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
A DUANE HERSHEY CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
ROBERT A HEWITT CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
SALLY KOLB CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
DENNIS L BRECKBILL CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
EDGAR W CANNON JR CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
MATTHEW W BEAM CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
JOSEPH FECONDO CHESTER-DELAWARE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JANET E ROBINSON CHESTER-DELAWARE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
EDGAR W CANNON JR CHESTER-DELAWARE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
LAVERNE J LEWIS CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
BUD WILLS CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
STEVEN L REICHARD CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
JOHN CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
LAVIETA LERCH CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
TODD E BEICHNER CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
JEFF SHAFFER CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
DALE SHAW CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
BUD WILLS CLARION-VENANGO-FOREST - GOVERNMENTAL RELATIONS DI	1 00	X						0	0	0
GEORGE WARHOLAK CLEARFIELD - DIRECTOR	1 00	X						0	0	0
DANIEL T MCANINCH CLEARFIELD - DIRECTOR	1 00	X						0	0	0
KENNETH R STARR CLEARFIELD - DIRECTOR	1 00	X						0	0	0
HARRY MAHLON CLEARFIELD - DIRECTOR	1 00	X						0	0	0
RUSSELL M ORNER CLEARFIELD - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KENNETH R STARR CLEARFIELD - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DANIEL T MCANINCH CLEARFIELD - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
GEORGE W COURTER CLINTON - DIRECTOR	1 00	X						0	0	0
DOUGLAS J HARBACH CLINTON - DIRECTOR	1 00	X						0	0	0
ROBERT M WEAVER CLINTON - DIRECTOR	1 00	X						0	0	0
RALPH E DOTTERER JR CLINTON - DIRECTOR	1 00	X						0	0	0
LEWIS D SNOOK JR CLINTON - DIRECTOR	1 00	X						0	0	0
CHARLES R ROSAMILIA JR CLINTON - DIRECTOR	1 00	X						0	0	0
CHARLES W WALIZER CLINTON - DIRECTOR	1 00	X						0	0	0
JAMES D HARBACH CLINTON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
COREENA MEYER CLINTON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
RALPH E DOTTERER JR CLINTON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
GEORGE HUBBARD COLUMBIA - DIRECTOR	1 00	X						0	0	0
DELROY A ARTMAN COLUMBIA - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
GERALD R MCCARTY COLUMBIA - DIRECTOR	1 00	X						0	0	0
DONALD S KARCHNER COLUMBIA - DIRECTOR	1 00	X						0	0	0
DANA R LEVAN COLUMBIA - DIRECTOR	1 00	X						0	0	0
JEFF A WHITENIGHT COLUMBIA - DIRECTOR	1 00	X						0	0	0
JOHN ZAGINAYLO III COLUMBIA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ROSALIE ZAGINAYLO COLUMBIA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
GERALD R MCCARTY COLUMBIA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN E KUNZ CRAWFORD - DIRECTOR	1 00	X						0	0	0
SCOTT J PRESTON CRAWFORD - DIRECTOR	1 00	X						0	0	0
CATHERINE VORISEK CRAWFORD - DIRECTOR	1 00	X						0	0	0
RICHARD I MUIR CRAWFORD - DIRECTOR	1 00	X						0	0	0
MICHAEL J ISIMINGER CRAWFORD - DIRECTOR	1 00	X						0	0	0
JOHN R LASKO CRAWFORD - DIRECTOR	1 00	X						0	0	0
JOHN R LASKO CRAWFORD - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CHRISTINE GREIG CRAWFORD - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
MARY SCHMIDT CRAWFORD - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RICHARD LEE MYERS CUMBERLAND - DIRECTOR	1 00	X						0	0	0
RONALD SNOKE CUMBERLAND - DIRECTOR	1 00	X						0	0	0
KENT L STROCK CUMBERLAND - DIRECTOR	1 00	X						0	0	0
MATHEW A MEALS CUMBERLAND - DIRECTOR	1 00	X						0	0	0
JOSHUA BARRICK CUMBERLAND - DIRECTOR	1 00	X						0	0	0
JASON M NAILOR CUMBERLAND - DIRECTOR	1 00	X						0	0	0
KENT L STROCK CUMBERLAND - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JANET G JAMISON CUMBERLAND - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
KENT L STROCK CUMBERLAND - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
JANET G JAMISON CUMBERLAND - NEWSLETTER EDITOR DIRECTOR	1 00	X						0	0	0
JOEL G STEIGMAN DAUPHIN - DIRECTOR	1 00	X						0	0	0
WESLEY E AMES DAUPHIN - DIRECTOR	1 00	X						0	0	0
KENNETH BRANDT DAUPHIN - DIRECTOR	1 00	X						0	0	0
KEVAN ZELL DAUPHIN - DIRECTOR	1 00	X						0	0	0
THOMAS B WILLIAMS DAUPHIN - DIRECTOR	1 00	X						0	0	0
KENNETH E BECHTEL II DAUPHIN - DIRECTOR	1 00	X						0	0	0
DERRICK HALBLEIB DAUPHIN - DIRECTOR	1 00	X						0	0	0
JOSHUA CRISSINGER DAUPHIN - DIRECTOR	1 00	X						0	0	0
DONALD E CARNS DAUPHIN - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
GLADYS M SMELTZ DAUPHIN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
KEITH E OELLIG DAUPHIN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
HELEN M RIDDLE ELK - DIRECTOR	1 00	X						0	0	0
RAYMOND GAHR ELK - DIRECTOR	1 00	X						0	0	0
JOHN M STRAUB ELK - DIRECTOR	1 00	X						0	0	0
RAYMOND H MCMINN ELK - DIRECTOR	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ROSEMARY M MATTIUZ ELK - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DAVID WAGNER ERIE - DIRECTOR	1 00	X						0	0	0
MARK TROYER ERIE - DIRECTOR	1 00	X						0	0	0
DENNIS PATRICK WHITNEY ERIE - DIRECTOR	1 00	X						0	0	0
MARK C MUIR ERIE - DIRECTOR	1 00	X						0	0	0
DAN KOMAN ERIE - DIRECTOR	1 00	X						0	0	0
MARK C MUIR ERIE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
ANDREA JANSON FAYETTE - DIRECTOR	1 00	X						0	0	0
SUSAN SICKLE FAYETTE - DIRECTOR	1 00	X						0	0	0
PAUL A DIAMOND FAYETTE - DIRECTOR	1 00	X						0	0	0
CLARENCE F ROBINSON FAYETTE - DIRECTOR	1 00	X						0	0	0
GREGG A LANGLEY FAYETTE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SUSAN SICKLE FAYETTE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ANDREA JANSON FAYETTE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JUSTIN C CONNER FRANKLIN - DIRECTOR	1 00	X						0	0	0
ZACHARY A NEIL FRANKLIN - DIRECTOR	1 00	X						0	0	0
DREW W JOHNSON FRANKLIN - DIRECTOR	1 00	X						0	0	0
DEAN OCKER FRANKLIN - DIRECTOR	1 00	X						0	0	0
CLEMENT HALDEMAN FRANKLIN - DIRECTOR	1 00	X						0	0	0
BENJAMIN JOSEPH BARNETT FRANKLIN - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOANNA R SOLLENBERGER FRANKLIN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JUSTIN W FISCHER FULTON - DIRECTOR	1 00	X						0	0	0
CORY L GRESS FULTON - DIRECTOR	1 00	X						0	0	0
MARLIN M LYNCH FULTON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KATHY M FISCHER FULTON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DENNIS R MCCANN GREENE - DIRECTOR	1 00	X						0	0	0
CLINTON BUTCHER GREENE - DIRECTOR	1 00	X						0	0	0
ADOLF DEYNZER GREENE - DIRECTOR	1 00	X						0	0	0
JAMES COWELL JR GREENE - DIRECTOR	1 00	X						0	0	0
DENNIS R MCCANN GREENE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARTHA MCMILLEN GREENE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
RUSSELL A KYPER HUNTINGDON - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL W BARNETT HUNTINGDON - DIRECTOR	1 00	X						0	0	0
DEBORAH HOOVER HUNTINGDON - DIRECTOR	1 00	X						0	0	0
JAN COWAN HUNTINGDON - DIRECTOR	1 00	X						0	0	0
ALLEN BEHRER HUNTINGDON - DIRECTOR	1 00	X						0	0	0
RAYMOND L MORNINGSTAR HUNTINGDON - DIRECTOR	1 00	X						0	0	0
MATTHEW N BARNETT HUNTINGDON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DEBORAH HOOVER HUNTINGDON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
S MICHAEL MOWRER HUNTINGDON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RAY A SLEPPY INDIANA - DIRECTOR	1 00	X						0	0	0
JOHN FRANKLIN ACKERSON INDIANA - DIRECTOR	1 00	X						0	0	0
BETH FABIN INDIANA - DIRECTOR	1 00	X						0	0	0
ANDY FABIN INDIANA - DIRECTOR	1 00	X						0	0	0
ROBERT W MARTIN INDIANA - DIRECTOR	1 00	X						0	0	0
J PAUL ISENBERG INDIANA - DIRECTOR	1 00	X						0	0	0
J PAUL ISENBERG INDIANA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SHARI R SLEPPY INDIANA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
LEON S BLOSE JEFFERSON - DIRECTOR	1 00	X						0	0	0
RICHARD M WISE JEFFERSON - DIRECTOR	1 00	X						0	0	0
ROYCE M SPRAGUE JEFFERSON - DIRECTOR	1 00	X						0	0	0
DIANE M KIEHL JEFFERSON - DIRECTOR	1 00	X						0	0	0
WAYNE L HIMES JEFFERSON - DIRECTOR	1 00	X						0	0	0
MARK E OVERLY JEFFERSON - DIRECTOR	1 00	X						0	0	0
JAMES H FOGG JEFFERSON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
LOIS M PIFER JEFFERSON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DAVID WAYNE SHEETS JUNIATA - DIRECTOR	1 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
JIM M SHENK JUNIATA - DIRECTOR	1 00	X						0	0	0
CARL SPADE JUNIATA - DIRECTOR	1 00	X						0	0	0
DAVID S CLARK JUNIATA - DIRECTOR	1 00	X						0	0	0
DANIEL G GEISSINGER JUNIATA - DIRECTOR	1 00	X						0	0	0
MATTHEW W MATTER JUNIATA - DIRECTOR	1 00	X						0	0	0
DENNIS R MEISER JUNIATA - DIRECTOR	1 00	X						0	0	0
CHRIS R HOFFMAN JUNIATA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JACLYN R MATTER JUNIATA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DAVID W SHEETS JUNIATA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RACHEL SHENK JUNIATA - NEWSLETTER EDITOR DIRECTOR	1 00	X						0	0	0
BARRY L SIEGRIST JR LANCASTER - DIRECTOR	1 00	X						0	0	0
J MICHAEL ZIMMERMAN LANCASTER - DIRECTOR	1 00	X						0	0	0
BRADLEY S ROHRER LANCASTER - DIRECTOR	1 00	X						0	0	0
JOHN H WOLGEMUTH LANCASTER - DIRECTOR	1 00	X						0	0	0
JOHN H HERSHEY LANCASTER - DIRECTOR	1 00	X						0	0	0
WILLIS B KRANTZ LANCASTER - DIRECTOR	1 00	X						0	0	0
J RICHARD BRENNEMAN LANCASTER - DIRECTOR	1 00	X						0	0	0
G DAVID GINDER LANCASTER - DIRECTOR	1 00	X						0	0	0
WILMER E YOST LANCASTER - DIRECTOR	1 00	X						0	0	0
DONALD L RANCK LANCASTER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
J MICHAEL ZIMMERMAN LANCASTER - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
STEPHEN L HERSHEY LANCASTER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JOEL H KRALL LEBANON - DIRECTOR	1 00	X						0	0	0
DANIEL A BRANDT LEBANON - DIRECTOR	1 00	X						0	0	0
JAMES R HOFFMAN SR LEBANON - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
STEVEN J WENGER LEBANON - DIRECTOR	1 00	X						0	0	0
DALE E HEAGY LEBANON - DIRECTOR	1 00	X						0	0	0
GREGORY E HOSTETTER LEBANON - DIRECTOR	1 00	X						0	0	0
JEFFREY L WERNER LEBANON - DIRECTOR	1 00	X						0	0	0
DENNIS L GRUBB LEBANON - DIRECTOR	1 00	X						0	0	0
DENNIS L GRUBB LEBANON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL A BRANDT LEBANON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DANIEL A BRANDT LEBANON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ANNETTE PATTISHALL LEHIGH - DIRECTOR	1 00	X						0	0	0
STERLING H RABER LEHIGH - DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH - DIRECTOR	1 00	X						0	0	0
NANCY SEMMEL LEHIGH - DIRECTOR	1 00	X						0	0	0
JEANNE TRAINER LEHIGH - DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SONIA FINK LEHIGH - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
WILLIAM T BOYD LEHIGH - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
SONIA FINK LEHIGH - NEWSLETTER EDITOR DIRECTOR	1 00	X						900	0	0
RUDOLPH CHAPIN LUZERNE - DIRECTOR	1 00	X						0	0	0
DALE W FREDERICK LUZERNE - DIRECTOR	1 00	X						0	0	0
KEITH R HILLIARD LUZERNE - DIRECTOR	1 00	X						0	0	0
RANDY G YODER LUZERNE - DIRECTOR	1 00	X						0	0	0
FRANCIS J BROYAN LUZERNE - DIRECTOR	1 00	X						0	0	0
MARTIN SMITH LUZERNE - DIRECTOR	1 00	X						0	0	0
MATTHEW BALLIET LUZERNE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
RICHARD E YOST LUZERNE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES E PHILE LUZERNE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RICHARD E YOST LUZERNE - NEWSLETTER EDITOR DIRECTOR	1 00	X						0	0	0
KURT O'CONNELL LYCOMING - DIRECTOR	1 00	X						0	0	0
CARLOS SNYDER LYCOMING - DIRECTOR	1 00	X						0	0	0
BENJAMIN A HEPBURN LYCOMING - DIRECTOR	1 00	X						0	0	0
RUSSELL REITZ LYCOMING - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
EDWARD D FRANTZ LYCOMING - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DAVE PETERSON MCKEAN-POTTER - DIRECTOR	1 00	X						0	0	0
THOMAS F EDGREEN MCKEAN-POTTER - DIRECTOR	1 00	X						0	0	0
DAVE OKERLUND MCKEAN-POTTER - DIRECTOR	1 00	X						0	0	0
MICHAEL P MANGAN MCKEAN-POTTER - DIRECTOR	1 00	X						0	0	0
THOMAS F EDGREEN MCKEAN-POTTER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
TANYA OKERLUND MCKEAN-POTTER - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DAVE PETERSON MCKEAN-POTTER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
WILLIAM G POWELL MERCER - DIRECTOR	1 00	X						0	0	0
WILLIAM E CANNON MERCER - DIRECTOR	1 00	X						0	0	0
TODD SHEARER MERCER - DIRECTOR	1 00	X						0	0	0
WAYNE SWIFT MERCER - DIRECTOR	1 00	X						0	0	0
KAREN PILGRAM MERCER - DIRECTOR	1 00	X						0	0	0
JOSEPH N PHILLIPS JR MERCER - DIRECTOR	1 00	X						0	0	0
LANA R MOZES MERCER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KERN PILGRAM MERCER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PAMELA J FORGY MIFFLIN - DIRECTOR	1 00	X						0	0	0
DAVID C GLICK MIFFLIN - DIRECTOR	1 00	X						0	0	0
TIMOTHY R GOSS MIFFLIN - DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENT A SPICHER MIFFLIN - DIRECTOR	1 00	X						0	0	0
MARK M ELLINGER MIFFLIN - DIRECTOR	1 00	X						0	0	0
WILLIAM L SELLERS MIFFLIN - DIRECTOR	1 00	X						0	0	0
J ELROSE GLICK MIFFLIN - DIRECTOR	1 00	X						0	0	0
JAMES L HOSTETTER MIFFLIN - DIRECTOR	1 00	X						0	0	0
MARK M ELLINGER MIFFLIN - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CHARLES D RHOADS MONTGOMERY - DIRECTOR	1 00	X						0	0	0
MERRILL G RUTH MONTGOMERY - DIRECTOR	1 00	X						0	0	0
BLAINE SOUDER MONTGOMERY - DIRECTOR	1 00	X						0	0	0
JOHN E KULP MONTGOMERY - DIRECTOR	1 00	X						0	0	0
JEFFREY T MOWRER MONTGOMERY - DIRECTOR	1 00	X						0	0	0
ELIZABETH EMLEN MONTGOMERY - DIRECTOR	1 00	X						0	0	0
CHARLES A MARSCH MONTGOMERY - DIRECTOR	1 00	X						0	0	0
JOHN CAROFF MONTGOMERY - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
BETHANY LANDIS MONTGOMERY - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
MERRILL G RUTH MONTGOMERY - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JAMES JORDAN MONTOUR - DIRECTOR	1 00	X						0	0	0
KEITH T FLETCHER MONTOUR - DIRECTOR	1 00	X						0	0	0
SHANE R BETZ MONTOUR - DIRECTOR	1 00	X						0	0	0
DONALD C BERGEY MONTOUR - DIRECTOR	1 00	X						0	0	0
JAY E WISSLER MONTOUR - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN H ZEAGER MONTOUR - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PHYLLIS WISSLER MONTOUR - NEWSLETTER EDITOR DIRECTOR	1 00	X						0	0	0
EARL M BREWER JR NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
DUANE L STEVENSON JR NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BURTON W ACKERMAN NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
RUTH FULMER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
RALPH W HAHN NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
JEFFREY A BREWER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
GLORIA J KOEHLER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
JEFFREY H KEIFER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
JEFFREY KAHLER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
ROBERT J HOYER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
ROBERT J HOYER NORTHAMPTON-MONROE - GOVERNMENTAL RELATIONS DIRECT	1 00	X						0	0	0
RAY I MACK NORTHAMPTON-MONROE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
RALPH W HAHN NORTHAMPTON-MONROE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RONALD BENNICK NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
DEAN REINER NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
JOSH DANIELS NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
LARRY WALDMAN NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
TIMOTHY LESHER NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
GEORGE CRAIG RICHARD NORTHUMBERLAND - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MOLLIE GEISE NORTHUMBERLAND - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JOSH DANIELS NORTHUMBERLAND - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
STEPHEN C NAYLOR PERRY - DIRECTOR	1 00	X						0	0	0
MAREL A RAUB PERRY - DIRECTOR	1 00	X						0	0	0
JOHN E FLANDERS PERRY - DIRECTOR	1 00	X						0	0	0
DENNIS L WELLER PERRY - DIRECTOR	1 00	X						0	0	0
VANCE R KRETZING PERRY - DIRECTOR	1 00	X						0	0	0
JASON L SNYDER PERRY - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
CHARLES E THIEMANN PERRY - DIRECTOR	1 00	X						0	0	0
SCOTT A BROFEE PERRY - DIRECTOR	1 00	X						0	0	0
JASON SAYLOR PERRY - DIRECTOR	1 00	X						0	0	0
STEPHEN C NAYLOR PERRY - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SCOTT A BROFEE PERRY - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DAVID K KOCH SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
JOHN K SHAFER SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
JACK ZUKOVICH SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
GEORGE PAGE SHOLLY SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
NELSON W MOYER SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
DAVID L GREEN SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
KEITH E MASSER SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
ALLEN T HINKEL SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
JOHN C HALABURA SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
NATHAN W TALLMAN SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
DAVID K KOCH SCHUYLKILL-CARBON - GOVERNMENTAL RELATIONS DIRECTO	1 00	X						0	0	0
KATE HENDRICKS SCHUYLKILL-CARBON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DENNIS MARBARGER SCHUYLKILL-CARBON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
TIMOTHY E WETZEL SNYDER - DIRECTOR	1 00	X						0	0	0
MORRILL A CURTIS SNYDER - DIRECTOR	1 00	X						0	0	0
LINDA FISHER SNYDER - DIRECTOR	1 00	X						0	0	0
JAY P HOOVER SNYDER - DIRECTOR	1 00	X						0	0	0
LEANDER DAVE ZOOK SNYDER - DIRECTOR	1 00	X						0	0	0
CHARLES E BENNER SNYDER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
PAULA J FISHER SNYDER - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
MORRILL A CURTIS SNYDER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PHILLIP GENE OTT SOMERSET - DIRECTOR	1 00	X						0	0	0
WILLIAM E HUNSBERGER SOMERSET - DIRECTOR	1 00	X						0	0	0
W J BRANT SOMERSET - DIRECTOR	1 00	X						0	0	0
ADAM COLEMAN SOMERSET - DIRECTOR	1 00	X						0	0	0
DONALD K SHINN SOMERSET - DIRECTOR	1 00	X						0	0	0
DEREK HILLEGASS SOMERSET - DIRECTOR	1 00	X						0	0	0
SCOTT RHOADS SOMERSET - DIRECTOR	1 00	X						0	0	0
KURT M WALKER SOMERSET - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ANDREA STOLTZFUS SOMERSET - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
PHILLIP GENE OTT SOMERSET - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
GEORGE F HAYES SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
JAMES L BARBOUR SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
J WILLIAM BROOKS SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
MICHELENE KLIM SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
THOMAS C HELMACY SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
WILLIAM ORD SUSQUEHANNA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DONNA L WILLIAMS SUSQUEHANNA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JANICE K WEBSTER SUSQUEHANNA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JONATHAN BLASS TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
TRAVIS R HARTRANFT TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
RHODA M LENT TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
JEFFERY BARNES TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
PHILIP E LEHMAN TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
STANLEY BRUBAKER TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
KARL W KROECK TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
STANLEY BRUBAKER TIOGA-POTTER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN P PAINTER II TIOGA-POTTER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ERIC D MOSER UNION - DIRECTOR	1 00	X						0	0	0
DENNIS WOLFE UNION - DIRECTOR	1 00	X						0	0	0
GARY PFLEEGOR UNION - DIRECTOR	1 00	X						0	0	0
DENNIS J BOOP UNION - DIRECTOR	1 00	X						0	0	0
JOHN R WALTER UNION - DIRECTOR	1 00	X						0	0	0
KATHY L SPANGLER UNION - DIRECTOR	1 00	X						0	0	0
GARY PFLEEGOR UNION - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
GUY H TEMPLE UNION - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
D ANTHONY DIETRICH UNION - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ARLENE V CURTIS WARREN - DIRECTOR	1 00	X						0	0	0
SHERYL VANCO WARREN - DIRECTOR	1 00	X						0	0	0
KIM D SPICER WARREN - DIRECTOR	1 00	X						0	0	0
DAVID L ENOS WARREN - DIRECTOR	1 00	X						0	0	0
DIANNA SLEEMAN WARREN - DIRECTOR	1 00	X						0	0	0
HAROLD E CURTIS WARREN - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ARLENE V CURTIS WARREN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DOUG BENTREM WASHINGTON - DIRECTOR	1 00	X						0	0	0
DENISE LEWELLYN WASHINGTON - DIRECTOR	1 00	X						0	0	0
JOHN LINDLEY WASHINGTON - DIRECTOR	1 00	X						0	0	0
TED MILLER WASHINGTON - DIRECTOR	1 00	X						0	0	0
DOUGLAS R BENTREM WASHINGTON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CLAUDIA B SWEGER WASHINGTON - NEWSLETTER EDITOR DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT E KIEFF WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
CAROLE A GRODACK WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
THOMAS DASCHKE WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
GILBERT LOSCIG WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
CHRISTINA SALAK WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
MARLYN L SHAFFER WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
HENRY G CURTIS JR WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
MATTHEW SHAFFER WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
DAVID WILLIAMS WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
ANDREW W WEIST JR WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
THOMAS DASCHKE WAYNE-PIKE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARIAN SCHWEIGHOFER WAYNE-PIKE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ROBERT E KIEFF WAYNE-PIKE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
WILLIAM A DONEY WESTMORELAND - DIRECTOR	1 00	X						0	0	0
ROGER T ALTMAN WESTMORELAND - DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND - DIRECTOR	1 00	X						0	0	0
WILLIAM G SELEMBO WESTMORELAND - DIRECTOR	1 00	X						0	0	0
TERRENCE J MATTY WESTMORELAND - DIRECTOR	1 00	X						0	0	0
JESS STAIRS WESTMORELAND - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JAMES G SCHENCK JR WESTMORELAND - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
BRIAN P MANNING WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
DALE SHUPP WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
CLIFFORD KUBACK WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
MERLE LEWIS WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT NAYLOR WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
ALLAN MCLAIN WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
ROLAND E ANDERSON WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
DALE SHUPP WYOMING-LACKAWANNA - GOVERNMENTAL RELATIONS DIRECT	1 00	X						0	0	0
AUDREY NAYLOR WYOMING-LACKAWANNA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
CLIFFORD KUBACK WYOMING-LACKAWANNA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
EDWIN G LIVINGSTON YORK - DIRECTOR	1 00	X						0	0	0
ROBERT H GOCHENAUR III YORK - DIRECTOR	1 00	X						0	0	0
THOMAS W EARP YORK - DIRECTOR	1 00	X						0	0	0
LEROY E WALKER YORK - DIRECTOR	1 00	X						0	0	0
KEVIN F CLARK YORK - DIRECTOR	1 00	X						0	0	0
PATRICIA A SUECK YORK - DIRECTOR	1 00	X						0	0	0
DONNELL TAYLOR YORK - DIRECTOR	1 00	X						0	0	0
WILLIAM D BRENNER YORK - DIRECTOR	1 00	X						0	0	0
BRENDA HOENSTINE YORK - DIRECTOR	1 00	X						0	0	0
PATRICIA A SUECK YORK - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KATHERINE FLINCHBAUGH YORK - INFORMATION DIRECTOR DIRECTOR	1 00	X						960	0	0
JULIE L FLINCHBAUGH YORK - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL WILKINSON ADAMS - PRESIDENT	1 00			X				865	0	0
ROBERT T CLOWNEY ADAMS - VICE-PRESIDENT	1 00			X				0	0	0
MARK L WIDERMAN ADAMS - VICE-PRESIDENT	1 00			X				0	0	0
DENISE SHELLEMAN ADAMS - SECRETARY/TREASURER	1 00			X				0	0	0
ROBERT T CLOWNEY ADAMS - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
CARL WILKINSON ADAMS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN A BENNETT ARMSTRONG - PRESIDENT	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C ROSS GROOMS ARMSTRONG - VICE-PRESIDENT	1 00			X				0	0	0
MARLENE KAMMERDIENER ARMSTRONG - SECRETARY	1 00			X				0	0	0
JULIE PORE ARMSTRONG - TREASURER	1 00			X				0	0	0
MARLENE KAMMERDIENER ARMSTRONG - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
HENRY KARKI BEAVER-LAWRENCE - PRESIDENT	1 00			X				0	0	0
RICHARD C MCELHANEY BEAVER-LAWRENCE - VICE-PRESIDENT	1 00			X				0	0	0
HELEN JACKSON BEAVER-LAWRENCE - SECRETARY	1 00			X				0	0	0
PENNY E KRETZER BEAVER-LAWRENCE - TREASURER	1 00			X				0	0	0
ROBERT G MCKINLEY BEAVER-LAWRENCE - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JOHN A STEWART JR BEAVER-LAWRENCE - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JOHN A STEWART JR BEAVER-LAWRENCE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT G MCKINLEY BEAVER-LAWRENCE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT B JACKSON JR BEAVER-LAWRENCE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
BRIAN K ZEMBOWER BEDFORD - PRESIDENT	1 00			X				0	0	0
D DEAN CLAYCOMB BEDFORD - VICE-PRESIDENT	1 00			X				0	0	0
BRUCE NUNAMAKER BEDFORD - VICE-PRESIDENT	1 00			X				0	0	0
BETTY O'NEAL BEDFORD - SECRETARY	1 00			X				0	0	0
JANE YODER BEDFORD - TREASURER	1 00			X				0	0	0
D DEAN CLAYCOMB BEDFORD - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
FRED E CLAYCOMB BEDFORD - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LARRY G GELSINGER BERKS - PRESIDENT	1 00			X				0	0	0
GEORGE E MOYER BERKS - VICE-PRESIDENT	1 00			X				0	0	0
ROBIN LINCOLN BERKS - SECRETARY/TREASURER	1 00			X				0	0	0
ROBERT J TERCHA BERKS - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
PAUL B ZIMMERMAN BERKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL G HARTMAN BERKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
GARY R LONG BLAIR - PRESIDENT	1 00			X				0	0	0
KENNETH T BRENNEMAN BLAIR - VICE-PRESIDENT	1 00			X				0	0	0
DOTTY STAHL BLAIR - SECRETARY/TREASURER	1 00			X				0	0	0
DAVID A KNAB BLAIR - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
DONALD L BRUMBAUGH BLAIR - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - PRESIDENT	1 00			X				0	0	0
DOUGLAS C GRAYBILL BRADFORD-SULLIVAN - VICE-PRESIDENT	1 00			X				0	0	0
AMY WARBURTON BRADFORD-SULLIVAN - SECRETARY/TREASURER	1 00			X				3,000	0	0
JAMES D GORE BRADFORD-SULLIVAN - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
PAUL B YOACHIM BRADFORD-SULLIVAN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MARK A SCHEETZ BUCKS - PRESIDENT	1 00			X				0	0	0
DON BUCKMAN BUCKS - VICE-PRESIDENT	1 00			X				0	0	0
ELAINE M CROOKS BUCKS - SECRETARY/TREASURER	1 00			X				4,800	0	0
AARON L LANDIS BUCKS - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
MARK A SCHEETZ BUCKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAY S SADDINGTON BUCKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LAWRENCE VOLL BUTLER - PRESIDENT	1 00			X				0	0	0
RITA KENNEDY BUTLER - VICE-PRESIDENT	1 00			X				0	0	0
JAMES BOLDY BUTLER - VICE-PRESIDENT	1 00			X				0	0	0
RONALD L SMITH BUTLER - SECRETARY	1 00			X				0	0	0
RUTH H WILSON BUTLER - TREASURER	1 00			X				0	0	0
LAWRENCE VOLL BUTLER - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
EVELYN I MINTEER BUTLER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES BOLDY BUTLER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
THOMAS E SMITHMYER CAMBRIA - PRESIDENT	1 00			X				0	0	0
RICHARD J DAVIS CAMBRIA - VICE-PRESIDENT	1 00			X				0	0	0
TOMMY R NAGLE JR CAMBRIA - VICE-PRESIDENT	1 00			X				0	0	0
C ELIZABETH HOLLEN CAMBRIA - SECRETARY	1 00			X				0	0	0
MARY SMITHMYER CAMBRIA - TREASURER	1 00			X				0	0	0
CHARLES E HOLLEN JR CAMBRIA - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
EUGENE ECKENRODE CAMBRIA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DANIEL KNIFFEN CENTRE - PRESIDENT	1 00			X				0	0	0
SALLY TANIS CENTRE - VICE-PRESIDENT	1 00			X				0	0	0
CINDA B CORL CENTRE - SECRETARY	1 00			X				0	0	0
BARBARA J KERSTETTER CENTRE - TREASURER	1 00			X				0	0	0
ANDREA KOCHER CENTRE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DANIEL C MILLER CHESTER-DELAWARE - PRESIDENT	1 00			X				0	0	0
JOSEPH FECONDO CHESTER-DELAWARE - VICE-PRESIDENT	1 00			X				0	0	0
JANET E ROBINSON CHESTER-DELAWARE - SECRETARY/TREASURER	1 00			X				7,200	0	0
DENNIS L BRECKBILL CHESTER-DELAWARE - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
HAROLD R KULP CHESTER-DELAWARE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
HOWARD S ROBINSON CHESTER-DELAWARE - MEMBERSHIP CHAIRPERSON	1 00			X				842	0	0
BRADY D KADUNCE CLARION-VENANGO-FOREST - PRESIDENT	1 00			X				0	0	0
RICHARD T GRIEBEL CLARION-VENANGO-FOREST - VICE-PRESIDENT	1 00			X				0	0	0
BARBARA JEAN SCHILL CLARION-VENANGO-FOREST - SECRETARY	1 00			X				0	0	0
NANCY M KADUNCE CLARION-VENANGO-FOREST - TREASURER	1 00			X				0	0	0
DONALD J HORNER CLARION-VENANGO-FOREST - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MICHAEL P KUNSMAN CLEARFIELD - PRESIDENT	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEON D KRINER CLEARFIELD - VICE-PRESIDENT	1 00			X				0	0	0
FRANK K SNYDER CLEARFIELD - VICE-PRESIDENT	1 00			X				0	0	0
LEON D KRINER CLEARFIELD - SECRETARY	1 00			X				0	0	0
JEANNE B HAYES CLEARFIELD - TREASURER	1 00			X				0	0	0
DANIEL T MCANINCH CLEARFIELD - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DAVID L SNOOK CLINTON - PRESIDENT	1 00			X				0	0	0
COREENA MEYER CLINTON - VICE-PRESIDENT	1 00			X				0	0	0
BONNIE L BECK CLINTON - SECRETARY/TREASURER	1 00			X				600	0	0
LEWIS D SNOOK JR CLINTON - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JOHN DOTTERER CLINTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN ZAGINAYLO III COLUMBIA - PRESIDENT	1 00			X				0	0	0
RAYMOND TUCKER COLUMBIA - VICE-PRESIDENT	1 00			X				0	0	0
TAMMY G ROBBINS COLUMBIA - VICE-PRESIDENT	1 00			X				0	0	0
KAREN L CHAPIN COLUMBIA - SECRETARY/TREASURER	1 00			X				600	0	0
RAYMOND TUCKER COLUMBIA - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
GEORGE HUBBARD COLUMBIA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT J WADDELL CRAWFORD - PRESIDENT	1 00			X				0	0	0
MARY SCHMIDT CRAWFORD - VICE-PRESIDENT	1 00			X				0	0	0
CHRIS PELC CRAWFORD - VICE-PRESIDENT	1 00			X				0	0	0
CHRISTINE GREIG CRAWFORD - SECRETARY	1 00			X				0	0	0
CYNTHIA KUNZ CRAWFORD - TREASURER	1 00			X				0	0	0
SCOTT J PRESTON CRAWFORD - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
CATHERINE VORISEK CRAWFORD - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MICHAEL E BERKHEIMER CUMBERLAND - PRESIDENT	1 00			X				0	0	0
MARK R FULTON CUMBERLAND - VICE-PRESIDENT	1 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
WILMA ROLAR CUMBERLAND - SECRETARY	1 00			X				0	0	0
ROBERT H JAMISON CUMBERLAND - TREASURER	1 00			X				0	0	0
VICTOR G BARRICK CUMBERLAND - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
KINGSLEY J BLASCO CUMBERLAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DONALD E CARNS DAUPHIN - PRESIDENT	1 00			X				0	0	0
CHARLES H HETRICK JR DAUPHIN - VICE-PRESIDENT	1 00			X				0	0	0
KIRBY M REICHERT JR DAUPHIN - VICE-PRESIDENT	1 00			X				0	0	0
ELAINE STEIGMAN DAUPHIN - SECRETARY	1 00			X				0	0	0
KEITH E OELLIG DAUPHIN - TREASURER	1 00			X				0	0	0
WESLEY E AMES DAUPHIN - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
KEITH E OELLIG DAUPHIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
SUSAN E CARNS DAUPHIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROGER AUMAN SR ELK - PRESIDENT	1 00			X				0	0	0
ERNEST CARL MATTIUZ JR ELK - VICE-PRESIDENT	1 00			X				0	0	0
ERNEST CARL MATTIUZ JR ELK - SECRETARY	1 00			X				0	0	0
MARVIN RIDDLE ELK - TREASURER	1 00			X				0	0	0
ERNEST CARL MATTIUZ JR ELK - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
NICHOLAS C MOBILIA JR ERIE - PRESIDENT	1 00			X				0	0	0
RANDALL P MEABON ERIE - VICE-PRESIDENT	1 00			X				0	0	0
KATHLEEN W MAAS ERIE - SECRETARY	1 00			X				0	0	0
GRETCHEN KRUSE ERIE - TREASURER	1 00			X				0	0	0
WALTER J ROYEK ERIE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ALVIN DIAMOND FAYETTE - PRESIDENT	1 00			X				0	0	0
JAMES GRIFFIN FAYETTE - VICE-PRESIDENT	1 00			X				0	0	0
EDWARD A RINKHOFF JR FAYETTE - VICE-PRESIDENT	1 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
GREGG A LANGLEY FAYETTE - SECRETARY/TREASURER	1 00			X				0	0	0
ANDREA JANSON FAYETTE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JACK E MARTIN FRANKLIN - PRESIDENT	1 00			X				0	0	0
BRIAN J MUSSER FRANKLIN - VICE-PRESIDENT	1 00			X				0	0	0
MICAH M MEYERS JR FRANKLIN - VICE-PRESIDENT	1 00			X				0	0	0
CHRISTOPHER J BRECHBILL FRANKLIN - SECRETARY/TREASURER	1 00			X				0	0	0
CARL D WENGER FRANKLIN - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
CARL D WENGER FRANKLIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
GERALD J REICHARD FRANKLIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
REED C ENGLERT FULTON - PRESIDENT	1 00			X				0	0	0
DENNIS LEE KNEPPER FULTON - VICE-PRESIDENT	1 00			X				0	0	0
KATHY M FISCHER FULTON - SECRETARY	1 00			X				0	0	0
RICKY A LEESE FULTON - TREASURER	1 00			X				0	0	0
REED C ENGLERT FULTON - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
CORY L GRESS FULTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROLAND DANIELS GREENE - PRESIDENT	1 00			X				0	0	0
LEWIS J MATT III GREENE - VICE-PRESIDENT	1 00			X				0	0	0
BARBARA ROBISON GREENE - SECRETARY/TREASURER	1 00			X				0	0	0
ROLAND DANIELS GREENE - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
BARBARA ROBISON GREENE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
RODNEY DAVIS HUNTINGDON - PRESIDENT	1 00			X				0	0	0
MATTHEW N BARNETT HUNTINGDON - VICE-PRESIDENT	1 00			X				0	0	0
GENE MUSSER HUNTINGDON - VICE-PRESIDENT	1 00			X				0	0	0
BARBARA KYPER HUNTINGDON - SECRETARY/TREASURER	1 00			X				900	0	0
S MICHAEL MOWRER HUNTINGDON - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
S MICHAEL MOWRER HUNTINGDON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
PAUL D POWELL HUNTINGDON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DENNIS P MCCONNELL INDIANA - PRESIDENT	1 00			X				0	0	0
DAVID KIMMEL INDIANA - VICE-PRESIDENT	1 00			X				0	0	0
HELEN MCMILLEN INDIANA - SECRETARY	1 00			X				0	0	0
CALVIN FARREN INDIANA - TREASURER	1 00			X				0	0	0
DENNIS P MCCONNELL INDIANA - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
ROBERT W MARTIN INDIANA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
BARBARA BUHITE JEFFERSON - PRESIDENT	1 00			X				0	0	0
RICHARD L REED JEFFERSON - VICE-PRESIDENT	1 00			X				0	0	0
LORETTA C SHEPLER JEFFERSON - SECRETARY/TREASURER	1 00			X				0	0	0
RAY N SHEPLER JEFFERSON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DAVID G GRAYBILL JUNIATA - PRESIDENT	1 00			X				0	0	0
KYLE SUPPLEE JUNIATA - VICE-PRESIDENT	1 00			X				0	0	0
ELSIE J SHEETS JUNIATA - TREASURER	1 00			X				0	0	0
DAVID W SHEETS JUNIATA - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
DAVID S CLARK JUNIATA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
CARL SPADE JUNIATA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DEBORAH A BENNER LANCASTER - PRESIDENT	1 00			X				1,200	0	0
STEPHEN L HERSHEY LANCASTER - VICE-PRESIDENT	1 00			X				0	0	0
DONALD L RANCK LANCASTER - VICE-PRESIDENT	1 00			X				0	0	0
ROBERT L ROHRER LANCASTER - VICE-PRESIDENT	1 00			X				0	0	0
AMY BENNER LANCASTER - SECRETARY/TREASURER	1 00			X				2,800	0	0
CURTIS L MARTIN LEBANON - PRESIDENT	1 00			X				0	0	0
TIM CROUSE LEBANON - VICE-PRESIDENT	1 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
TRACY L HEAGY LEBANON - SECRETARY/TREASURER	1 00			X				0	0	0
DALE E HEAGY LEBANON - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
ROBERT B SMITH LEBANON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
WILLIAM T BOYD LEHIGH - PRESIDENT	1 00			X				0	0	0
KEITH D HARWICK LEHIGH - VICE-PRESIDENT	1 00			X				0	0	0
MICHAEL A FINK LEHIGH - VICE-PRESIDENT	1 00			X				0	0	0
JOHN BERRY LEHIGH - SECRETARY	1 00			X				0	0	0
SANDRA KANTOR LEHIGH - TREASURER	1 00			X				0	0	0
JOHN BERRY LEHIGH - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
ARLAND H SCHANTZ LEHIGH - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MATTHEW BALLIET LUZERNE - PRESIDENT	1 00			X				0	0	0
CHARLES E PHILE LUZERNE - VICE-PRESIDENT	1 00			X				0	0	0
RICHARD E YOST LUZERNE - SECRETARY/TREASURER	1 00			X				0	0	0
KEITH R HILLIARD LUZERNE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
EDWARD D FRANTZ LYCOMING - PRESIDENT	1 00			X				0	0	0
RUSSELL REITZ LYCOMING - VICE-PRESIDENT	1 00			X				0	0	0
DENISE ARTLEY LYCOMING - SECRETARY	1 00			X				0	0	0
BARBARA A STEPPE LYCOMING - TREASURER	1 00			X				0	0	0
CARLOS SNYDER LYCOMING - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAMES A TANNER MCKEAN-POTTER - PRESIDENT	1 00			X				0	0	0
GARY ISADORE MCKEAN-POTTER - VICE-PRESIDENT	1 00			X				0	0	0
DORIS S EDGREEN MCKEAN-POTTER - SECRETARY	1 00			X				0	0	0
LAURA ISADORE MCKEAN-POTTER - TREASURER	1 00			X				0	0	0
DAVE PETERSON MCKEAN-POTTER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
J STEVEN PAXTON MERCER - PRESIDENT	1 00			X				0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
KERN PILGRAM MERCER - VICE-PRESIDENT	1 00			X				0	0	0
LANA R MOZES MERCER - SECRETARY	1 00			X				0	0	0
VIRGIL AMON MERCER - TREASURER	1 00			X				0	0	0
NORMAN MORRISON MERCER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
RICHARD STRUTHERS MERCER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
FRANK A BONSON MIFFLIN - PRESIDENT	1 00			X				0	0	0
ORVILLE P HEISTER MIFFLIN - VICE-PRESIDENT	1 00			X				0	0	0
JAMI L GLICK MIFFLIN - SECRETARY	1 00			X				0	0	0
ROBERT D HARROP MIFFLIN - TREASURER	1 00			X				0	0	0
DAVID C GLICK MIFFLIN - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
TIMOTHY R GOSS MIFFLIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN CAROFF MONTGOMERY - PRESIDENT	1 00			X				0	0	0
FRANCIS MCDONNELL MONTGOMERY - VICE-PRESIDENT	1 00			X				0	0	0
BETHANY LANDIS MONTGOMERY - SECRETARY/TREASURER	1 00			X				2,400	0	0
CHARLES A MARSCH MONTGOMERY - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
MERRILL G RUTH MONTGOMERY - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAY E WISSLER MONTOUR - PRESIDENT	1 00			X				0	0	0
JOHN H ZEAGER MONTOUR - VICE-PRESIDENT	1 00			X				0	0	0
BETTY L WOODRUFF MONTOUR - SECRETARY/TREASURER	1 00			X				0	0	0
JAMES JORDAN MONTOUR - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
HERBERT ZEAGER MONTOUR - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
RAY I MACK NORTHAMPTON-MONROE - PRESIDENT	1 00			X				0	0	0
JOHN P MILLER NORTHAMPTON-MONROE - VICE-PRESIDENT	1 00			X				0	0	0
SUSAN HAHN NORTHAMPTON-MONROE - SECRETARY/TREASURER	1 00			X				1,150	0	0
JEFFREY KAHLER NORTHAMPTON-MONROE - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH R WEDDE NORTHAMPTON-MONROE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
GLENDA STROUSE NORTHUMBERLAND - PRESIDENT	1 00			X				0	0	0
GEORGE CRAIG RICHARD NORTHUMBERLAND - VICE-PRESIDENT	1 00			X				0	0	0
JON CLEMENS NORTHUMBERLAND - VICE-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			X				0	0	0
DEAN REINER NORTHUMBERLAND - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
WILLIAM S GEISE NORTHUMBERLAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT O'TOOLE PERRY - PRESIDENT	1 00			X				0	0	0
STEVEN M INNERST PERRY - VICE-PRESIDENT	1 00			X				0	0	0
JILL QUIGLEY PERRY - SECRETARY/TREASURER	1 00			X				1,000	0	0
JILL QUIGLEY PERRY - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
VANCE R KRETZING PERRY - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KENT A HEFFNER SCHUYLKILL-CARBON - PRESIDENT	1 00			X				0	0	0
DENNIS MARBARGER SCHUYLKILL-CARBON - VICE-PRESIDENT	1 00			X				0	0	0
KATE HENDRICKS SCHUYLKILL-CARBON - SECRETARY/TREASURER	1 00			X				0	0	0
ALLEN T HINKEL SCHUYLKILL-CARBON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT W HEIMBACH SNYDER - PRESIDENT	1 00			X				0	0	0
DOUGLAS A KLINGLER SNYDER - VICE-PRESIDENT	1 00			X				0	0	0
CLAIR ESBENSHADE SNYDER - VICE-PRESIDENT	1 00			X				0	0	0
PAULA J FISHER SNYDER - SECRETARY	1 00			X				0	0	0
VICKY J HEIMBACH SNYDER - TREASURER	1 00			X				0	0	0
MORRILL A CURTIS SNYDER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
GLENN H STOLTZFUS SOMERSET - PRESIDENT	1 00			X				0	0	0
LARRY COGAN SOMERSET - VICE-PRESIDENT	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL J WALKER SOMERSET - SECRETARY	1 00			X				0	0	0
DEBRA K OTT SOMERSET - TREASURER	1 00			X				0	0	0
DEREK HILLEGASS SOMERSET - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
PHILLIP GENE OTT SOMERSET - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DONNA L WILLIAMS SUSQUEHANNA - PRESIDENT	1 00			X				0	0	0
PAULINE J FALLON SUSQUEHANNA - VICE-PRESIDENT	1 00			X				0	0	0
KATHERINE M SHELLY SUSQUEHANNA - VICE-PRESIDENT	1 00			X				0	0	0
ALTON G ARNOLD SUSQUEHANNA - SECRETARY/TREASURER	1 00			X				0	0	0
TED C PLACE SUSQUEHANNA - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JANICE K WEBSTER SUSQUEHANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
THOMAS C HELMACY SUSQUEHANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN P PAINTER II TIOGA-POTTER - PRESIDENT	1 00			X				0	0	0
TIMOTHY P WOOD TIOGA-POTTER - VICE-PRESIDENT	1 00			X				0	0	0
KURT A KOSA TIOGA-POTTER - SECRETARY	1 00			X				0	0	0
JULIE KROECK TIOGA-POTTER - TREASURER	1 00			X				0	0	0
PHILIP E LEHMAN TIOGA-POTTER - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
D ANTHONY DIETRICH UNION - PRESIDENT	1 00			X				0	0	0
CURTIS R BRUBAKER UNION - VICE-PRESIDENT	1 00			X				0	0	0
SUSAN HAUCK UNION - SECRETARY	1 00			X				0	0	0
MICHAEL S PLATT UNION - TREASURER	1 00			X				0	0	0
JOHN R WALTER UNION - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JOHN R WALTER UNION - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
D ANTHONY DIETRICH UNION - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MARK E LAWSON WARREN - PRESIDENT	1 00			X				0	0	0
GEORGE W MORTON WARREN - VICE-PRESIDENT	1 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
H PETER BLOCK WARREN - VICE-PRESIDENT	1 00			X				0	0	0
HAROLD E CURTIS WARREN - VICE-PRESIDENT	1 00			X				0	0	0
DEBORAH J LUCKS WARREN - SECRETARY/TREASURER	1 00			X				0	0	0
FRED A LUCKS WARREN - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
MARK E LAWSON WARREN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
GEORGE WHERRY WASHINGTON - PRESIDENT	1 00			X				0	0	0
DON HENDERSON WASHINGTON - VICE PRESIDENT	1 00			X				0	0	0
GARY WOODRUFF WASHINGTON - SECRETARY	1 00			X				0	0	0
PAM KELLY WASHINGTON - TREASURER	1 00			X				1,200	0	0
GARY D WOODRUFF WASHINGTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KARL EISENHAUER JR WAYNE-PIKE - PRESIDENT	1 00			X				0	0	0
MARIAN SCHWEIGHOFER WAYNE-PIKE - VICE-PRESIDENT	1 00			X				0	0	0
CLINTON C LATOURETTE WAYNE-PIKE - VICE-PRESIDENT	1 00			X				0	0	0
CAROLE A GRODACK WAYNE-PIKE - SECRETARY/TREASURER	1 00			X				1,800	0	0
HENRY G CURTIS JR WAYNE-PIKE - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
GILBERT LOSCIG WAYNE-PIKE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
WAYNE E BAUGHMAN WESTMORELAND - PRESIDENT	1 00			X				0	0	0
ALQUIN F HEINNICKEL WESTMORELAND - VICE-PRESIDENT	1 00			X				0	0	0
JAMES G SCHENCK JR WESTMORELAND - SECRETARY	1 00			X				0	0	0
PHILLIP G LONG WESTMORELAND - TREASURER	1 00			X				0	0	0
JAMES G SCHENCK JR WESTMORELAND - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JAMES G SCHENCK JR WESTMORELAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KENNETH O TEEL WYOMING-LACKAWANNA - PRESIDENT	1 00			X				0	0	0
BRIAN D LACOE WYOMING-LACKAWANNA - VICE-PRESIDENT	1 00			X				0	0	0
CONNIE M TEEL WYOMING-LACKAWANNA - SECRETARY/TREASURER	1 00			X				800	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Officer	Key employee	Highest compensated employee	Former			
CLIFFORD KUBACK WYOMING-LACKAWANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
WILLIAM S BUSER YORK - PRESIDENT	1 00			X				0	0	0
ANDREW FLINCHBAUGH YORK - VICE-PRESIDENT	1 00			X				0	0	0
KATHERINE FLINCHBAUGH YORK - SECRETARY	1 00			X				0	0	0
DEBORAH A LEIPHART YORK - TREASURER	1 00			X				0	0	0
ANDREW FLINCHBAUGH YORK - MEMBER SERVICES COORDINATOR	1 00			X				0	0	0
JULIE L FLINCHBAUGH YORK - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PENNSYLVANIA FARM BUREAU (GROUP)

Employer identification number
90-0155190

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	73,313		65,521	7,792
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,792

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PENNSYLVANIA FARM BUREAU (GROUP)

Employer identification number
90-0155190

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ICE CREAM TRAILER SALES AT FAIR (1) (event type)	(b) Event #2 ICE CREAM TRAILER SALES AT FAIR (2) (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	16,335	6,200		22,535
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,335	6,200		22,535
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs		225		225
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,098	2,600		8,698
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(8,923)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				13,612

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PENNSYLVANIA FARM BUREAU (GROUP)

Employer identification number
90-0155190

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PENNSYLVANIA FRIENDS OF AGRICULTURE FOUNDATIONPO BOX 8736 CAMP HILL,PA 170018736	22-2699958	501(C)(3)	45,903				GENERAL SUPPORT
(2) PENNSYLVANIA FARM BUREAUPO BOX 8736 CAMP HILL,PA 170018736	23-1382876	501(C)(5)	12,440				GENERAL SUPPORT
(3) PHILADELPHIA RONALD MCDONALD HOUSE INC3925 CHESTNUT ST PHILADELPHIA,PA 19104	23-7377505	501(C)(3)	5,600				GENERAL SUPPORT
(4) AMERICAN FARM BUREAU FEDERATION600 MARYLAND AVENUE SW WASHINGTON,DC 20024	36-0725160	501(C)(5)	5,100				GENERAL SUPPORT
(5) BUCKS COUNTY 4-H DEVELOPMENT FUND1282 ALMSHOUSE ROAD DOYLESTOWN,PA 189012896	61-1525256	501(C)(3)	10,000				DONATION FOR IMPROVEMENT OF GRANGE BUILDING
(6) MONTGOMERY COUNTY FARM HOME & 4H1015 BRIDGE ROAD SUITE H COLLEGEVILLE,PA 194261179	23-2298814	501(C)(3)	5,436				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		THERE ARE NO FORMAL PROCEDURES CURRENTLY IN PLACE

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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 FARM BUREAU (GROUP)

Employer identification number
90-0155190

Identifier	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
	FORM 990, PART VI, SECTION A, LINE 4	THREE OF THE COUNTIES MADE SIGNIFICANT CHANGES TO THEIR BYLAWS DURING THE YEAR OF THESE THREE COUNTIES, TWO COUNTIES AMENDED THEIR BYLAWS TO ADD AN ADDITIONAL VICE-PRESIDENT POSITION AND ONE COUNTY CHANGED THE POWER OF THE VICE-PRESIDENT POSITION TO ALLOW THE VP TO REPRESENT THE COUNTY AT PENNSYLVANIA FARM BUREAU MEETINGS AS DIRECTED BY THE PRESIDENT
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY
	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
	FORM 990, PART VI, SECTION A, LINE 8B	OF THE 54 COUNTIES THAT HAD COMMITTEES DURING THE YEAR, TEN DID NOT CONSISTENLY DOCUMENT THE MEETINGS HELD BY THOSE COMMITTEES
	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
	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 SEVEN COUNTIES, ARE DISTRIBUTED DURING MEETINGS (MONTHLY, SEMIANNUAL, ANNUAL) BY 43 COUNTIES AND ARE PUBLISHED IN THEIR NEWSLETTER BY 4 COUNTIES
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS 2,596

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PENNSYLVANIA FARM BUREAU (GROUP)

Employer identification number
90-0155190

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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		No

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

(a) Name, address, and EIN of related organization	(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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	(h) Percentage ownership
(1) PFB MEMBERS' SERVICE CORPORATION 510 S 31ST STREET CAMP HILL, PA 17001 23-1683448	WHOLESALER OF TIRES AND OTHER RELATED INVENTORIES	PA	PENNSYLVANIA FARM BUREAU	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g	Yes	
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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 thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	