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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008034

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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 $ 1,158,784

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**	523
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	523
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	1,092
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	25,810
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	37,524	56,086
9	Program service revenue (Part VIII, line 2g)	857,180	881,762
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,279	8,840
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,224	107,805
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	962,207	1,054,493
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	197,450	132,333
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)	37,020	36,766
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)	721,144	766,480
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	955,614	935,579
19	Revenue less expenses Subtract line 18 from line 12	6,593	118,914

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,546,388	2,727,141
21	Total liabilities (Part X, line 26)	1,629,955	1,693,833
22	Net assets or fund balances Subtract line 21 from line 20	916,433	1,033,308

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

****** | 2014-05-12
Signature of officer | Date

WILLIAM MONTGOMERY CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JAMES PASQUARETTE				P00075073

Firm's name ▶ BOYER & RITTER | Firm's EIN ▶ 23-1311005

Firm's address ▶ 211 HOUSE AVENUE
CAMP HILL, PA 17011 | 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 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 for escrow or custodial account liability, 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, line 10? *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	Yes	
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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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 11b 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	27		
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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**	523		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	523		
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**			No
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								36,803	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

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

				(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	56,086			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		56,086			
Program Service Revenue			Business Code				
	2a	MEMBER'S MEETINGS INC	900099	714,361	714,361		
	b	MEMBERSHIP DUES	900099	167,401	167,401		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		881,762			
	3	Investment income (including dividends, interest, and other similar amounts)		8,840			8,840
	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)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 75,083				
	b	Less direct expenses	b 43,223				
	c	Net income or (loss) from fundraising events		31,860			31,860
	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 63,410				
	b	Less cost of goods sold	b 61,068				
	c	Net income or (loss) from sales of inventory		2,342		2,342	
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	50,135	50,135		
	b	ADVERTISING	541800	16,913		16,913	
	c	MEMBER SERVICE INCENTI	541800	6,555		6,555	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		73,603			
	12	**Total revenue.** See Instructions		1,054,493	931,897	25,810	40,700

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)

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	132,333			
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	3,749			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,655			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,093			
12 Advertising and promotion	11,642			
13 Office expenses	242,354			
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	344,555			
20 Interest				
21 Payments to affiliates	8,879			
22 Depreciation, depletion, and amortization	1,332			
23 Insurance	38,753			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	41,617			
b SCHOLARSHIPS	29,600			
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	935,579			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	874,432	1	1,104,023
	2	Savings and temporary cash investments	182,770	2	60,281
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,000	4	3,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	1,359,198	9	1,400,272
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 75,148			
	b	Less accumulated depreciation — 10b: 66,501	7,792	10c	8,647
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	117,033	12	150,918
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,163	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,546,388	16	2,727,141
Liabilities	17	Accounts payable and accrued expenses	616	17	733
	18	Grants payable		18	
	19	Deferred revenue	1,629,339	19	1,693,100
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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	1,629,955	26	1,693,833
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	916,433	27	1,033,308
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	916,433	33	1,033,308
	34	Total liabilities and net assets/fund balances	2,546,388	34	2,727,141

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	1,054,493
2	Total expenses (must equal Part IX, column (A), line 25)	2	935,579
3	Revenue less expenses Subtract line 2 from line 1	3	118,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	916,433
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,039
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,033,308

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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 (list any hours for related organizations below dotted line)	(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			
JESS STAIRS BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
WILLIAM A DONEY WESTMORELAND - DIRECTOR	1 00	X						0	0	0
WILLIAM G SELEMBO WESTMORELAND - DIRECTOR	1 00	X						0	0	0
DWIGHT SARVER WESTMORELAND - DIRECTOR	1 00	X						0	0	0
ROGER T ALTMAN WESTMORELAND - DIRECTOR	1 00	X						0	0	0
JAMES G SCHENCK JR WESTMORELAND - DIRECTOR	1 00	X						0	0	0
JESS STAIRS WESTMORELAND - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JAMES G SCHENCK JR WESTMORELAND - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ROGER A FREEHLING JR ARMSTRONG - DIRECTOR	1 00	X						0	0	0
JASON OVERLY ARMSTRONG - DIRECTOR	1 00	X						0	0	0
PAUL STUBRICK ARMSTRONG - DIRECTOR	1 00	X						0	0	0
JASON L RENSHAW ARMSTRONG - DIRECTOR	1 00	X						0	0	0
JASON L RENSHAW ARMSTRONG - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CHRISTOPHER W SALSGIVER ARMSTRONG - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN L HOBBS VMD BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
LOREN ELDER BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
RICHARD C MCELHANEY BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
HENRY KARKI BEAVER-LAWRENCE - 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
ELLEN DILLON BEAVER-LAWRENCE - DIRECTOR	1 00	X						0	0	0
WAYNE W HARLEY BEAVER-LAWRENCE - GOVERNMENTAL RELATIONS DIRECT	1 00	X						0	0	0
RICHARD J KIND BEAVER-LAWRENCE - GOVERNMENTAL RELATIONS DIRECT	1 00	X						0	0	0
JOHN A STEWART JR BEAVER-LAWRENCE - 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 (list any hours for related organizations below dotted line)	(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			
HENRY KARKI BEAVER-LAWRENCE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
CURT D SWEINHART BEDFORD - DIRECTOR	1 00	X						0	0	0
JAMES A ZEMBOWER BEDFORD - DIRECTOR	1 00	X						0	0	0
JANE YODER BEDFORD - DIRECTOR	1 00	X						0	0	0
PETER YORKE 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
D DEAN CLAYCOMB BEDFORD - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ELIZABETH E PEIFER BERKS - DIRECTOR	1 00	X						0	0	0
DOROTHY J WAGNER BERKS - DIRECTOR	1 00	X						0	0	0
HARRY P SHAAK BERKS - DIRECTOR	1 00	X						0	0	0
PAUL G HARTMAN BERKS - DIRECTOR	1 00	X						0	0	0
JOSEPH E ROSENBAUM BERKS - DIRECTOR	1 00	X						0	0	0
DENNIS J ESSIG BERKS - DIRECTOR	1 00	X						0	0	0
ROBERT J TERCHA 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
BRENNAN K JOHNS BERKS - DIRECTOR	1 00	X						0	0	0
CRAIG J LUTZ 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
EDGAR C KREIDER BLAIR - DIRECTOR	1 00	X						0	0	0
LAVERNE Z NOLT BLAIR - DIRECTOR	1 00	X						0	0	0
TRACY HAINSEY BLAIR - DIRECTOR	1 00	X						0	0	0
EARLYN R SOLLENBERGER 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 (list any hours for related organizations below dotted line)	(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			
DOROTHY J ROSS BLAIR - DIRECTOR	1 00	X						0	0	0
DAVID A SOLLENBERGER BLAIR - DIRECTOR	1 00	X						0	0	0
CHRISTOPHER E CREEK BLAIR - DIRECTOR	1 00	X						0	0	0
KENNETH T BRENNEMAN BLAIR - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SARRAH J LYONS BLAIR - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
REUBEN B NEWSWANGER BLAIR - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
L SCOTT SHEDDEN BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
KATHY YOACHIM BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JON BRACKMAN BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
WESLEY G MOSIER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
PAUL B YOACHIM BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JERRY J SPENCER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
CHRIS YOUNG BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
ROBERT PHILLIPS BRADFORD-SULLIVAN - DIRECTOR	1 00	X						2,250	0	0
PATRICIA ZEIDNER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
JAMES D GORE BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
BRIAN DALE MOYER BRADFORD-SULLIVAN - DIRECTOR	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - GOVERNMENTAL RELATIONS DIRE	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - INFORMATION DIRECTOR DIRECT	1 00	X						0	0	0
JAMES D GORE BRADFORD-SULLIVAN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
LEONARD E CROOKE BUCKS - DIRECTOR	1 00	X						0	0	0
KERRYANN M SANOCKI BUCKS - DIRECTOR	1 00	X						0	0	0
KENNETH HERSTINE BUCKS - DIRECTOR	1 00	X						0	0	0
PAUL S HOCKMAN BUCKS - DIRECTOR	1 00	X						0	0	0
NATHAN CROOKE 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 (list any hours for related organizations below dotted line)	(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			
MICHAEL F STITZINGER BUCKS - DIRECTOR	1 00	X						0	0	0
BETH ROSS BUCKS - DIRECTOR	1 00	X						0	0	0
A BRUCE WEIKEL BUCKS - DIRECTOR	1 00	X						0	0	0
THOMAS F HALDEMAN BUCKS - DIRECTOR	1 00	X						0	0	0
JEFFREY L HEACOCK BUCKS - DIRECTOR	1 00	X						0	0	0
JAMES E DIAMOND BUCKS - DIRECTOR	1 00	X						0	0	0
GLENN A WISMER BUCKS - DIRECTOR	1 00	X						0	0	0
JAMES E DIAMOND BUCKS - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ELAINE M CROOKS BUCKS - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
EVELYN I MINTEER BUTLER - DIRECTOR	1 00	X						0	0	0
HAROLD FOERTSCH BUTLER - DIRECTOR	1 00	X						0	0	0
RITA KENNEDY BUTLER - DIRECTOR	1 00	X						0	0	0
SHERRY LOKHAISER BUTLER - DIRECTOR	1 00	X						0	0	0
DENNIS G BRYAN BUTLER - DIRECTOR	1 00	X						0	0	0
DENNIS M KOHLMEYER BUTLER - DIRECTOR	1 00	X						0	0	0
SIDNEY SCHIEVER 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
JOHN SKEBECK CAMBRIA - DIRECTOR	1 00	X						0	0	0
THEODORE J FARABAUGH CAMBRIA - DIRECTOR	1 00	X						0	0	0
BRIAN LEROY MCMULLEN 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
ROBERT W DAVIS CAMBRIA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
HENRY BEILER CENTRE - 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 (list any hours for related organizations below dotted line)	(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			
HERBERT COLE JR CENTRE - DIRECTOR	1 00	X						0	0	0
SCOTT D WOLFE CENTRE - DIRECTOR	1 00	X						0	0	0
C ALLEN ISHLER CENTRE - DIRECTOR	1 00	X						0	0	0
CODY EDLING CENTRE - DIRECTOR	1 00	X						0	0	0
ANN M SWINKER CENTRE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ELWIN L STEWART CENTRE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN A ARRELL CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
HOWARD S REYBURN CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
DONALD HOOPES HANNUM CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
THOMAS ALLEN MATTHEWS CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
KEITH A KANARA CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
JOSEPH STRATTON CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
CHARLES GRAYDUS CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
ARTHUR B NEEDHAM CHESTER-DELAWARE - DIRECTOR	0 00	X						0	0	0
DENNIS L BRECKBILL CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
DEBORAH J ELLIS CHESTER-DELAWARE - DIRECTOR	1 00	X						0	0	0
JOSEPH FECONDO CHESTER-DELAWARE - GOVERNMENTAL RELATIONS DIREC	1 00	X						0	0	0
DUNCAN ALLISON CHESTER-DELAWARE - INFORMATION DIRECTOR DIRECTO	1 00	X						0	0	0
LARRY TAYLOR CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
JOHN-SCOTT PORT CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
LAVERNE J LEWIS CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
TODD E BEICHNER CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
STEVEN L REICHARD CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
JARRETT FINDLAY CLARION-VENANGO-FOREST - DIRECTOR	1 00	X						0	0	0
BUD WILLS CLARION-VENANGO-FOREST - GOVERNMENTAL RELATIONS	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 (list any hours for related organizations below dotted line)	(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			
RICHARD T GRIEBEL CLARION-VENANGO-FOREST - INFORMATION DIRECTOR D	1 00	X						0	0	0
MICHAEL P KENNIS JR CLEARFIELD - DIRECTOR	1 00	X						0	0	0
SAM F CARR CLEARFIELD - DIRECTOR	1 00	X						0	0	0
DANIEL T MCANINCH CLEARFIELD - DIRECTOR	1 00	X						0	0	0
SAM F CARR CLEARFIELD - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
TANYA KUNSMAN 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
RICHARD T MILLER JR CLINTON - DIRECTOR	1 00	X						0	0	0
ROBERT M WEAVER CLINTON - DIRECTOR	1 00	X						0	0	0
DOUGLAS P DOTTERER CLINTON - DIRECTOR	1 00	X						0	0	0
COURTNEY MEYER CLINTON - DIRECTOR	1 00	X						0	0	0
DOUGLAS J HARBACH 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
ROBERT M WEAVER CLINTON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RONNIE A RHOADS COLUMBIA - DIRECTOR	1 00	X						0	0	0
JACOB A SHUMAN COLUMBIA - DIRECTOR	1 00	X						0	0	0
TAMMY G ROBBINS COLUMBIA - DIRECTOR	1 00	X						0	0	0
STEVEN CHAPIN COLUMBIA - DIRECTOR	1 00	X						0	0	0
CHARLES E PORTER COLUMBIA - DIRECTOR	1 00	X						0	0	0
GEORGE HUBBARD COLUMBIA - DIRECTOR	1 00	X						0	0	0
CLIFTON D MILLER COLUMBIA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KAREN L CHAPIN COLUMBIA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
GERALD R MCCARTY COLUMBIA - 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 (list any hours for related organizations below dotted line)	(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			
JOHN R LASKO CRAWFORD - DIRECTOR	1 00	X						0	0	0
JEREMY BURNHAM CRAWFORD - DIRECTOR	1 00	X						0	0	0
SCOTT J PRESTON CRAWFORD - DIRECTOR	1 00	X						0	0	0
MAXINE S BOOKAMER CRAWFORD - DIRECTOR	1 00	X						0	0	0
BRENDA IRWIN CRAWFORD - DIRECTOR	1 00	X						0	0	0
CATHERINE VORISEK 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
RICHARD LEE MYERS CUMBERLAND - DIRECTOR	1 00	X						0	0	0
RONALD SNOKE CUMBERLAND - DIRECTOR	1 00	X						0	0	0
SCOTT GUTSHALL CUMBERLAND - DIRECTOR	1 00	X						0	0	0
JOSHUA BARRICK CUMBERLAND - DIRECTOR	1 00	X						0	0	0
IAN STAMY CUMBERLAND - DIRECTOR	1 00	X						0	0	0
JANET G JAMISON 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
KENNETH E BECHTEL II DAUPHIN - DIRECTOR	1 00	X						0	0	0
KENNETH BRANDT DAUPHIN - DIRECTOR	1 00	X						0	0	0
THOMAS B WILLIAMS DAUPHIN - DIRECTOR	1 00	X						0	0	0
SUSAN E CARNS DAUPHIN - DIRECTOR	1 00	X						0	0	0
JONATHAN I COBLE DAUPHIN - DIRECTOR	1 00	X						0	0	0
CLEON S CASSEL DAUPHIN - DIRECTOR	1 00	X						0	0	0
HEATHER M FREELAND DAUPHIN - DIRECTOR	1 00	X						0	0	0
LAURIE ANN REICHERT DAUPHIN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
RAYMOND GAHR ELK - 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 (list any hours for related organizations below dotted line)	(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			
RAYMOND H MCMINN ELK - DIRECTOR	1 00	X						0	0	0
JOHN M STRAUB 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
MARK TROYER ERIE - DIRECTOR	1 00	X						0	0	0
JAMES W NEUBURGER ERIE - DIRECTOR	1 00	X						0	0	0
VIRGINIA SHREVE ERIE - DIRECTOR	1 00	X						0	0	0
RANDALL P MEABON ERIE - DIRECTOR	1 00	X						0	0	0
DENNIS PATRICK WHITNEY ERIE - DIRECTOR	1 00	X						0	0	0
GARY W FAULKNER ERIE - DIRECTOR	1 00	X						0	0	0
GRETCHEN KRUSE ERIE - DIRECTOR	1 00	X						0	0	0
MARK C MUIR ERIE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARK C MUIR ERIE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
GREGG A LANGLEY FAYETTE - DIRECTOR	1 00	X						0	0	0
JAMES GRIFFIN FAYETTE - DIRECTOR	1 00	X						0	0	0
PAUL A DIAMOND FAYETTE - DIRECTOR	1 00	X						0	0	0
ANDREA JANSON 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
DREW W JOHNSON FRANKLIN - DIRECTOR	1 00	X						0	0	0
RAY A HALTEMAN FRANKLIN - DIRECTOR	1 00	X						0	0	0
RONALD D WENGER FRANKLIN - DIRECTOR	1 00	X						0	0	0
DEAN L OCKER FRANKLIN - 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 (list any hours for related organizations below dotted line)	(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			
CHRISTOPHER J BRECHBILL FRANKLIN - DIRECTOR	1 00	X						0	0	0
JEFFRY L GROVE FRANKLIN - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOANNA R SOLLENBERGER FRANKLIN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JACK E MARTIN FRANKLIN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DONNA J LYNCH FULTON - DIRECTOR	1 00	X						0	0	0
LONNIE W PALMER FULTON - DIRECTOR	1 00	X						0	0	0
WINTER JOHNSTON FULTON - DIRECTOR	1 00	X						900	0	0
DENNIS LEE KNEPPER FULTON - DIRECTOR	1 00	X						0	0	0
DANIEL M LEESE FULTON - DIRECTOR	1 00	X						0	0	0
RICKY A LEESE FULTON - DIRECTOR	1 00	X						0	0	0
MARLIN M LYNCH FULTON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CARLA ROGERS GREENE - DIRECTOR	1 00	X						0	0	0
CLINTON BUTCHER GREENE - DIRECTOR	1 00	X						0	0	0
AMANDA BLAKER GREENE - DIRECTOR	1 00	X						0	0	0
ADOLF DEYNZER GREENE - DIRECTOR	1 00	X						0	0	0
DENNIS R MCCANN GREENE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MICHAEL A HAWBAKER HUNTINGDON - DIRECTOR	1 00	X						0	0	0
JAMES M MORNINGSTAR HUNTINGDON - DIRECTOR	1 00	X						0	0	0
WAYNE L BRENNEMAN HUNTINGDON - DIRECTOR	1 00	X						0	0	0
S NATHAN MOWRER HUNTINGDON - DIRECTOR	1 00	X						0	0	0
BEN GORDON HUNTINGDON - DIRECTOR	1 00	X						0	0	0
DEBORAH HOOVER HUNTINGDON - DIRECTOR	1 00	X						0	0	0
GENE MUSSER 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

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 (list any hours for related organizations below dotted line)	(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			
S MICHAEL MOWRER HUNTINGDON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
EDWARD G RISING INDIANA - DIRECTOR	1 00	X						0	0	0
ANTHONY PIZARCHIK INDIANA - DIRECTOR	1 00	X						0	0	0
ROBERT W MARTIN INDIANA - DIRECTOR	1 00	X						0	0	0
ROBERT STEVEN DEHAVEN INDIANA - DIRECTOR	1 00	X						0	0	0
ALLAN KINTER INDIANA - DIRECTOR	1 00	X						0	0	0
ANDY FABIN INDIANA - DIRECTOR	1 00	X						0	0	0
CALVIN FARREN INDIANA - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
TAMMIE ROBINSON INDIANA - INFORMATION DIRECTOR DIRECTOR	1 00	X						630	0	0
CALVIN FARREN INDIANA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
BONNIE J CONFER JEFFERSON - DIRECTOR	1 00	X						0	0	0
FRED E REED JEFFERSON - DIRECTOR	1 00	X						0	0	0
TODD H THOMPSON JEFFERSON - DIRECTOR	1 00	X						0	0	0
ROYCE M SPRAGUE JEFFERSON - DIRECTOR	1 00	X						0	0	0
RICHARD M WISE JEFFERSON - DIRECTOR	1 00	X						0	0	0
DIANE M KIEHL JEFFERSON - DIRECTOR	1 00	X						0	0	0
DANIEL J PARK JEFFERSON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DIANE M KIEHL JEFFERSON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
D RAY GEISSINGER JUNIATA - DIRECTOR	1 00	X						0	0	0
CLOYD A LILLEY JUNIATA - DIRECTOR	1 00	X						0	0	0
MARK R PARTNER JUNIATA - DIRECTOR	1 00	X						0	0	0
DAVID S CLARK JUNIATA - DIRECTOR	1 00	X						0	0	0
AUDREY M CONRAD JUNIATA - DIRECTOR	1 00	X						0	0	0
BETH EHRISMAN JUNIATA - DIRECTOR	1 00	X						0	0	0
BRETT REINFORD JUNIATA - 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 (list any hours for related organizations below dotted line)	(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			
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
JOHN H HERSHEY LANCASTER - DIRECTOR	1 00	X						0	0	0
J MICHAEL ZIMMERMAN LANCASTER - DIRECTOR	1 00	X						0	0	0
JOHN H WOLGEMUTH LANCASTER - DIRECTOR	1 00	X						0	0	0
ROBERT L ROHRER LANCASTER - DIRECTOR	1 00	X						0	0	0
ROBERT B WENTWORTH LANCASTER - DIRECTOR	1 00	X						0	0	0
J RICHARD BRENNEMAN LANCASTER - DIRECTOR	1 00	X						0	0	0
BARRY L SIEGRIST JR LANCASTER - DIRECTOR	1 00	X						0	0	0
G DAVID GINDER 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
DENNIS L GRUBB LEBANON - DIRECTOR	1 00	X						0	0	0
JOEL H KRALL LEBANON - DIRECTOR	1 00	X						0	0	0
TIM CROUSE LEBANON - DIRECTOR	1 00	X						0	0	0
DALE E HEAGY LEBANON - DIRECTOR	1 00	X						0	0	0
DANIEL A BRANDT LEBANON - DIRECTOR	1 00	X						0	0	0
STEVEN J WENGER LEBANON - DIRECTOR	1 00	X						0	0	0
JEFFREY L WERNER LEBANON - DIRECTOR	1 00	X						0	0	0
CLYDE B MEYER LEBANON - DIRECTOR	1 00	X						0	0	0
DALE B HIMMELBERGER 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
ROBERT B SMITH LEBANON - 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 (list any hours for related organizations below dotted line)	(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			
JOSHUA BENNICOFF LEHIGH - DIRECTOR	1 00	X						0	0	0
HOUSTIN L LICHTENWALNER LEHIGH - DIRECTOR	1 00	X						0	0	0
JEANNE TRAINER LEHIGH - DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH - DIRECTOR	1 00	X						0	0	0
KAREN BOYD LEHIGH - DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RANDY G YODER LUZERNE - DIRECTOR	1 00	X						0	0	0
DALE W FREDERICK LUZERNE - DIRECTOR	1 00	X						0	0	0
FRANCIS J BROYAN LUZERNE - DIRECTOR	1 00	X						0	0	0
CHARLES E PHILE LUZERNE - DIRECTOR	1 00	X						0	0	0
RUDOLPH CHAPIN 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
WALTER L WORTHINGTON JR LYCOMING - DIRECTOR	1 00	X						0	0	0
BENJAMIN A HEPBURN LYCOMING - DIRECTOR	1 00	X						0	0	0
CHRISTOPHER P ULRICH LYCOMING - DIRECTOR	1 00	X						0	0	0
T SCOTT MOORE 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
THOMAS F EDGREEN MCKEAN-POTTER - DIRECTOR	1 00	X						0	0	0
DAVE PETERSON MCKEAN-POTTER - DIRECTOR	1 00	X						0	0	0
DANIEL J SHETLER 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

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 (list any hours for related organizations below dotted line)	(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			
DAVE PETERSON MCKEAN-POTTER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
J STEVEN PAXTON MERCER - DIRECTOR	1 00	X						0	0	0
JESS POWELL MERCER - DIRECTOR	1 00	X						0	0	0
MARK R CANON MERCER - DIRECTOR	1 00	X						0	0	0
DEREK BATES MERCER - DIRECTOR	1 00	X						0	0	0
LANA R MOZES MERCER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
WAYNE SWIFT MERCER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CAROL GREGG MERCER - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
WILLIAM E CANNON MERCER - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PAMELA J FORGY MIFFLIN - DIRECTOR	1 00	X						0	0	0
ROBERT E PEACHEY MIFFLIN - DIRECTOR	1 00	X						0	0	0
TIMOTHY R GOSS MIFFLIN - DIRECTOR	1 00	X						0	0	0
LEE R FORGY MIFFLIN - DIRECTOR	1 00	X						0	0	0
KENT A SPICHER MIFFLIN - DIRECTOR	1 00	X						0	0	0
DAVID C GLICK 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
J ELROSE GLICK MIFFLIN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
J ELROSE GLICK MIFFLIN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JEFFREY T MOWRER MONTGOMERY - DIRECTOR	1 00	X						0	0	0
JAMES D MYERS MONTGOMERY - DIRECTOR	1 00	X						0	0	0
MERRILL G RUTH MONTGOMERY - DIRECTOR	1 00	X						0	0	0
CHARLES D RHOADS MONTGOMERY - DIRECTOR	1 00	X						0	0	0
BLAINE SOUDER MONTGOMERY - 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 (list any hours for related organizations below dotted line)	(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			
JOHN E KULP MONTGOMERY - DIRECTOR	1 00	X						0	0	0
ELIZABETH EMLEN MONTGOMERY - DIRECTOR	1 00	X						0	0	0
FRANCIS MCDONNELL MONTGOMERY - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
BETHANY LANDIS MONTGOMERY - INFORMATION DIRECTOR DIRECTOR	1 00	X						600	0	0
MERRILL G RUTH MONTGOMERY - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
SHANE R BETZ MONTOUR - DIRECTOR	1 00	X						0	0	0
JOHN H ZEAGER MONTOUR - DIRECTOR	1 00	X						0	0	0
AARON J LEWIS MONTOUR - DIRECTOR	1 00	X						0	0	0
KEITH T FLETCHER MONTOUR - DIRECTOR	1 00	X						0	0	0
JAY E WISSLER MONTOUR - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
HERBERT ZEAGER MONTOUR - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RALPH W HAHN NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
JEFFREY H KEIFER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
ROBERT J HOYER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
TRAVIS E HAHN NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
DUANE L STEVENSON JR NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
BURTON W ACKERMAN NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
EVA M FULMER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
RUTH FULMER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
JEFFREY A BREWER NORTHAMPTON-MONROE - DIRECTOR	1 00	X						0	0	0
ROBERT J HOYER NORTHAMPTON-MONROE - GOVERNMENTAL RELATIONS DIR	1 00	X						0	0	0
RAY I MACK NORTHAMPTON-MONROE - INFORMATION DIRECTOR DIREC	1 00	X						0	0	0
RALPH W HAHN NORTHAMPTON-MONROE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
GORDON T KOPP NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
LARRY WALDMAN NORTHUMBERLAND - 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 (list any hours for related organizations below dotted line)	(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			
GEORGE E PICK NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
CLAUDE M KNOEBEL JR NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
ROXY LEVAN NORTHUMBERLAND - DIRECTOR	1 00	X						0	0	0
JOSH DANIELS NORTHUMBERLAND - GOVERNMENTAL RELATIONS DIRECTO	1 00	X						0	0	0
WILLIAM S GEISE NORTHUMBERLAND - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
STEPHEN C NAYLOR PERRY - DIRECTOR	1 00	X						0	0	0
JASON L SNYDER PERRY - DIRECTOR	1 00	X						0	0	0
CHRISTOPHER BOAZ PERRY - DIRECTOR	1 00	X						0	0	0
MAREL A RAUB PERRY - DIRECTOR	1 00	X						0	0	0
STEPHEN C NAYLOR PERRY - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JILL QUIGLEY PERRY - INFORMATION DIRECTOR DIRECTOR	1 00	X						1,350	0	0
STEVEN M INNERST PERRY - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN K SHAFER SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
JOHN C HALABURA SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
JOSEPH P TALLMAN SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
NELSON W MOYER SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
DAVID K KOCH SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
ALLEN T HINKEL 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
JACK ZUKOVICH SCHUYLKILL-CARBON - DIRECTOR	1 00	X						0	0	0
DAVID K KOCH SCHUYLKILL-CARBON - GOVERNMENTAL RELATIONS DIRE	1 00	X						0	0	0
SAMANTHA RUSSELL SCHUYLKILL-CARBON - INFORMATION DIRECTOR DIRECT	1 00	X						0	0	0
KENT A HEFFNER SCHUYLKILL-CARBON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JEREMY JAMES WAITE SNYDER - 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 (list any hours for related organizations below dotted line)	(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			
LEANDER DAVE ZOOK SNYDER - DIRECTOR	1 00	X						0	0	0
ISAAC HASSINGER SNYDER - DIRECTOR	1 00	X						0	0	0
CLAIR ESBENSHADE SNYDER - DIRECTOR	1 00	X						0	0	0
DOUGLAS A KLINGLER SNYDER - DIRECTOR	1 00	X						0	0	0
JAY P HOOVER SNYDER - DIRECTOR	1 00	X						0	0	0
CHARLES E BENNER SNYDER - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
SHAWN R SAYLOR SOMERSET - DIRECTOR	1 00	X						0	0	0
JEFF MISHLER SOMERSET - DIRECTOR	1 00	X						0	0	0
WILLIAM E HUNSBERGER SOMERSET - DIRECTOR	1 00	X						0	0	0
DEREK HILLEGASS SOMERSET - DIRECTOR	1 00	X						0	0	0
CLARENCE B WALTERMIRE SOMERSET - DIRECTOR	1 00	X						0	0	0
TOMMY R CRONER SOMERSET - DIRECTOR	1 00	X						0	0	0
H DENNIS HUTCHISON 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
JOHN W DICE SOMERSET - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JOSEPH DECKER SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
THOMAS C HELMACY SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
JOSEPH F PLONSKI SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
JOHN R BENSCOTER SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
MICHELENE KLIM SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
ALTON G ARNOLD SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
DAVID DELEON SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
J WILLIAM BROOKS SUSQUEHANNA - DIRECTOR	1 00	X						0	0	0
WILLIAM ORD SUSQUEHANNA - GOVERNMENTAL 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 (list any hours for related organizations below dotted line)	(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			
NANCY PANZERA-JACKSON SUSQUEHANNA - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
PAULINE J FALLON SUSQUEHANNA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
MICHAEL R RISSER TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
PHILIP E LEHMAN TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
JEFFERY BARNES TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
STANLEY BRUBAKER TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
JONATHAN BLASS TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
CLIFFORD ROOT TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
KARL W KROECK TIOGA-POTTER - DIRECTOR	1 00	X						0	0	0
DALE R HOFFMAN 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
SUSAN HAUCK UNION - DIRECTOR	1 00	X						0	0	0
SHERRY G BROUSE UNION - DIRECTOR	1 00	X						0	0	0
SCOTT A KLING UNION - DIRECTOR	1 00	X						0	0	0
MATTHEW ULRICH UNION - DIRECTOR	1 00	X						0	0	0
CURTISS B FALCK UNION - DIRECTOR	1 00	X						0	0	0
JASON WOLFE 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
DIANNA SLEEMAN WARREN - DIRECTOR	1 00	X						0	0	0
SHERYL VANCO WARREN - DIRECTOR	1 00	X						0	0	0
HAROLD E CURTIS WARREN - DIRECTOR	1 00	X						0	0	0
KIM D SPICER WARREN - DIRECTOR	1 00	X						0	0	0
ARLENE V CURTIS WARREN - 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 (list any hours for related organizations below dotted line)	(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			
DAVID L ENOS WARREN - DIRECTOR	1 00	X						0	0	0
HAROLD E CURTIS WARREN - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DEBORAH J LUCKS WARREN - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
FRED A LUCKS WARREN - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
MICHAEL E MOLNAR WASHINGTON - DIRECTOR	1 00	X						0	0	0
SHARON BAILLIE WASHINGTON - DIRECTOR	1 00	X						0	0	0
PAMELA J KELLY WASHINGTON - DIRECTOR	1 00	X						1,000	0	0
DAVID P BENTREM WASHINGTON - DIRECTOR	1 00	X						0	0	0
DONALD M HENDERSON JR WASHINGTON - DIRECTOR	1 00	X						0	0	0
LISA WHERRY WASHINGTON - DIRECTOR	1 00	X						0	0	0
DOUGLAS R BENTREM WASHINGTON - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
LAURA ZOELLER WASHINGTON - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
GARY D WOODRUFF WASHINGTON - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
LOUISE ERK WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
JOYCE MAZZGA-CARSON WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
LYNITA VAIL WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
MATTHEW SHAFFER WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
MARLYN L SHAFFER WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
ANDREW W WEIST JR WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
THOMAS E DASCHKE WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
ROBERT E KIEFF WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
BONNIE L LATOURETTE WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
DONALD W SALAK WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
GILBERT LOSCIG WAYNE-PIKE - DIRECTOR	1 00	X						0	0	0
CLINTON C LATOURETTE WAYNE-PIKE - 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 (list any hours for related organizations below dotted line)	(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			
THOMAS E DASCHKE WAYNE-PIKE - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOYCE MAZZGA-CARSON WAYNE-PIKE - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DAVID WILLIAMS WAYNE-PIKE - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ROGER TEEL WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
CLIFFORD KUBACK WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
ARTHUR CARPENTER WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
BRIAN D LACOE WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
ROBERT NAYLOR WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
MERLE LEWIS WYOMING-LACKAWANNA - DIRECTOR	1 00	X						0	0	0
DALE SHUPP WYOMING-LACKAWANNA - GOVERNMENTAL RELATIONS DIR	1 00	X						0	0	0
CHARLENE M SHUPP-ESPENSHADE WYOMING-LACKAWANNA - INFORMATION DIRECTOR DIREC	1 00	X						0	0	0
KENNETH O TEEL WYOMING-LACKAWANNA - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
RUTH ANN SMITH YORK - DIRECTOR	1 00	X						0	0	0
THOMAS W EARP YORK - DIRECTOR	1 00	X						0	0	0
TODD HENRY SOMMER YORK - DIRECTOR	1 00	X						0	0	0
ABRAHAM ISAIAH MELLINGER YORK - DIRECTOR	1 00	X						0	0	0
DENNIS K ILYES YORK - DIRECTOR	1 00	X						0	0	0
DONNELL TAYLOR YORK - DIRECTOR	1 00	X						0	0	0
KAREN DOYLE YORK - DIRECTOR	1 00	X						0	0	0
JOSHUA D WERNING YORK - DIRECTOR	1 00	X						0	0	0
KEVIN F CLARK YORK - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
KATHERINE FLINCHBAUGH YORK - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JULIE L FLINCHBAUGH YORK - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL WILKINSON ADAMS - DIRECTOR	1 00	X						860	0	0
LEIGHTON W RICE ADAMS - 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 (list any hours for related organizations below dotted line)	(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			
JEFFREY WEAVER ADAMS - DIRECTOR	1 00	X						0	0	0
MATTHEW D KEHR ADAMS - DIRECTOR	1 00	X						0	0	0
BROCK L WIDERMAN ADAMS - DIRECTOR	1 00	X						0	0	0
GARY L DEARDORFF ADAMS - DIRECTOR	1 00	X						0	0	0
DEREK BYERS ADAMS - DIRECTOR	1 00	X						0	0	0
DAVID A REINECKER ADAMS - DIRECTOR	1 00	X						0	0	0
EARL G STOCK ADAMS - DIRECTOR	1 00	X						0	0	0
CHRIS B BAUGHER ADAMS - DIRECTOR	1 00	X						0	0	0
FRANCIS J PENNINGS ADAMS - DIRECTOR	1 00	X						0	0	0
MARK L WIDERMAN ADAMS - GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DENISE R SHELLEMAN ADAMS - INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
EARL G STOCK ADAMS - MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAMES G SCHENCK JR WESTMORELAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ALQUIN F HEINNICKEL WESTMORELAND - PRESIDENT	1 00			X				0	0	0
BRYCE F LEJEUNE WESTMORELAND - SECRETARY	1 00			X				0	0	0
HOPE FRYE WESTMORELAND - TREASURER	1 00			X				0	0	0
PAUL H MURRAY WESTMORELAND - VICE-PRESIDENT	1 00			X				0	0	0
GRETCHEN WINKLOSKY WESTMORELAND - VICE-PRESIDENT	1 00			X				0	0	0
CHRISTOPHER W SALSGIVER ARMSTRONG - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN A BENNETT ARMSTRONG - PRESIDENT	1 00			X				0	0	0
WENDY M SALSGIVER ARMSTRONG - SECRETARY	1 00			X				0	0	0
JULIE PORE ARMSTRONG - TREASURER	1 00			X				0	0	0
C ROSS GROOMS ARMSTRONG - VICE-PRESIDENT	1 00			X				0	0	0
HENRY KARKI BEAVER-LAWRENCE - MEMBERSHIP CHAIRPERSON	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 (list any hours for related organizations below dotted line)	(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			
JOHN A STEWART JR BEAVER-LAWRENCE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DEAN KIND BEAVER-LAWRENCE - 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
JOHN A STEWART JR BEAVER-LAWRENCE - VICE-PRESIDENT	1 00			X				0	0	0
FRED E CLAYCOMB BEDFORD - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
BRUCE NUNAMAKER BEDFORD - PRESIDENT	1 00			X				0	0	0
TRISHA M SWEINHART BEDFORD - SECRETARY	1 00			X				0	0	0
D DEAN CLAYCOMB BEDFORD - TREASURER	1 00			X				0	0	0
ELLA L BOWMAN BEDFORD - VICE-PRESIDENT	1 00			X				0	0	0
ROBERT W DETWILER BEDFORD - VICE-PRESIDENT	1 00			X				0	0	0
PAUL G HARTMAN BERKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DENNIS J ESSIG BERKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LARRY G GELSINGER BERKS - PRESIDENT	1 00			X				0	0	0
ROBIN LINCOLN BERKS - SECRETARY/TREASURER	1 00			X				0	0	0
AMY A GARBER BERKS - VICE-PRESIDENT	1 00			X				0	0	0
GEORGE E MOYER BERKS - VICE-PRESIDENT	1 00			X				0	0	0
DOROTHY J ROSS BLAIR - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KENNETH T BRENNEMAN BLAIR - PRESIDENT	1 00			X				0	0	0
SARRAH J LYONS BLAIR - SECRETARY	1 00			X				0	0	0
DOTTY STAHL BLAIR - TREASURER	1 00			X				0	0	0
BRIAN DETWILER BLAIR - VICE-PRESIDENT	1 00			X				0	0	0
DAVID A KNAB BLAIR - VICE-PRESIDENT	1 00			X				0	0	0
JULIE T PERRY BRADFORD-SULLIVAN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN - MEMBERSHIP CHAIRPERSON	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 (list any hours for related organizations below dotted line)	(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			
BARBARA WARBURTON BRADFORD-SULLIVAN - PRESIDENT	1 00			X				0	0	0
MARTHA YOUNG BRADFORD-SULLIVAN - SECRETARY/TREASURER	1 00			X				0	0	0
JULIE T PERRY BRADFORD-SULLIVAN - VICE-PRESIDENT	1 00			X				0	0	0
DOUGLAS C GRAYBILL BRADFORD-SULLIVAN - VICE-PRESIDENT	1 00			X				0	0	0
KENNETH HERSTINE BUCKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
SANDY HERSTINE BUCKS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MARK A SCHEETZ BUCKS - PRESIDENT	1 00			X				0	0	0
ELAINE M CROOKS BUCKS - SECRETARY/TREASURER	1 00			X				5,400	0	0
DON BUCKMAN BUCKS - VICE-PRESIDENT	1 00			X				0	0	0
EVELYN I MINTEER BUTLER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAMES BOLDY BUTLER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LAWRENCE VOLL BUTLER - PRESIDENT	1 00			X				0	0	0
RONALD L SMITH BUTLER - SECRETARY	1 00			X				0	0	0
ROBERT H NIGGEL BUTLER - TREASURER	1 00			X				0	0	0
JAMES BOLDY BUTLER - VICE-PRESIDENT	1 00			X				0	0	0
EUGENE ECKENRODE CAMBRIA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
TOMMY R NAGLE JR CAMBRIA - PRESIDENT	1 00			X				0	0	0
C ELIZABETH HOLLEN CAMBRIA - SECRETARY	1 00			X				0	0	0
MARY L SMITHMYER CAMBRIA - TREASURER	1 00			X				0	0	0
ROBERT W DAVIS CAMBRIA - VICE-PRESIDENT	1 00			X				0	0	0
THOMAS E SMITHMYER CAMBRIA - VICE-PRESIDENT	1 00			X				0	0	0
ELIZA WALTON CENTRE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DANIEL KNIFFEN CENTRE - PRESIDENT	1 00			X				0	0	0
CINDA B CORL CENTRE - SECRETARY	1 00			X				0	0	0
BETHANY COURSEN CENTRE - TREASURER	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 (list any hours for related organizations below dotted line)	(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			
SALLY TANIS CENTRE - VICE-PRESIDENT	1 00			X				0	0	0
HOWARD S ROBINSON CHESTER-DELAWARE - MEMBERSHIP CHAIRPERSON	1 00			X				853	0	0
DANIEL C MILLER CHESTER-DELAWARE - PRESIDENT	1 00			X				0	0	0
JANET E ROBINSON CHESTER-DELAWARE - SECRETARY/TREASURER	1 00			X				7,200	0	0
JOSEPH FECONDO CHESTER-DELAWARE - VICE-PRESIDENT	1 00			X				0	0	0
SALLY KOLB CHESTER-DELAWARE - VICE-PRESIDENT	0 00			X				0	0	0
DONALD J HORNER CLARION-VENANGO-FOREST - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
RICHARD T GRIEBEL CLARION-VENANGO-FOREST - 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
JEFF SHAFFER CLARION-VENANGO-FOREST - VICE-PRESIDENT	1 00			X				0	0	0
BRADY D KADUNCE CLARION-VENANGO-FOREST - VICE-PRESIDENT	1 00			X				0	0	0
BUD WILLS CLARION-VENANGO-FOREST - VICE-PRESIDENT	1 00			X				0	0	0
ELISE DEITZ CLARION-VENANGO-FOREST - VICE-PRESIDENT	1 00			X				0	0	0
DANIEL T MCANINCH CLEARFIELD - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LEON D KRINER CLEARFIELD - PRESIDENT	1 00			X				0	0	0
MICHAEL P KUNSMAN CLEARFIELD - SECRETARY	1 00			X				0	0	0
JEANNE B HAYES CLEARFIELD - TREASURER	1 00			X				0	0	0
FRANK K SNYDER CLEARFIELD - VICE-PRESIDENT	1 00			X				0	0	0
LAWRENCE C CRITTENDEN CLEARFIELD - VICE-PRESIDENT	1 00			X				0	0	0
AMANDA J CONDO CLINTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN DOTTERER CLINTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DAVID L SNOOK CLINTON - PRESIDENT	1 00			X				0	0	0
BONNIE L BECK CLINTON - SECRETARY/TREASURER	1 00			X				600	0	0
COREENA MEYER CLINTON - 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 (list any hours for related organizations below dotted line)	(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			
GERALD R MCCARTY COLUMBIA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DELROY A ARTMAN COLUMBIA - PRESIDENT	1 00			X				0	0	0
KAREN L CHAPIN COLUMBIA - SECRETARY/TREASURER	1 00			X				600	0	0
MARK ROHRBACH COLUMBIA - VICE-PRESIDENT	1 00			X				0	0	0
JAMES LEVAN COLUMBIA - VICE-PRESIDENT	1 00			X				0	0	0
CATHERINE VORISEK CRAWFORD - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MARY SCHMIDT CRAWFORD - 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
RICHARD I MUIR CRAWFORD - VICE-PRESIDENT	1 00			X				0	0	0
JOHN E KUNZ CRAWFORD - VICE-PRESIDENT	1 00			X				0	0	0
KINGSLEY J BLASCO CUMBERLAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MICHAEL E BERKHEIMER CUMBERLAND - PRESIDENT	1 00			X				0	0	0
WILMA ROLAR CUMBERLAND - SECRETARY	1 00			X				0	0	0
JASON M NAILOR CUMBERLAND - TREASURER	1 00			X				0	0	0
MARK R FULTON CUMBERLAND - VICE-PRESIDENT	1 00			X				0	0	0
CHARLES H HETRICK JR DAUPHIN - 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
DERRICK HALBLEIB DAUPHIN - VICE-PRESIDENT	1 00			X				0	0	0
DONALD E CARNS DAUPHIN - VICE-PRESIDENT	1 00			X				0	0	0
ERNEST CARL MATTIUZ JR ELK - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROGER AUMAN SR ELK - PRESIDENT	1 00			X				0	0	0
ERNEST CARL MATTIUZ JR ELK - SECRETARY	1 00			X				0	0	0
DAVID J GILLEN ELK - TREASURER	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 (list any hours for related organizations below dotted line)	(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			
CAMERON UHL ELK - VICE-PRESIDENT	1 00			X				0	0	0
NICHOLAS C MOBILIA JR ERIE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
NICHOLAS C MOBILIA JR ERIE - PRESIDENT	1 00			X				0	0	0
KATHLEEN W MAAS ERIE - SECRETARY	1 00			X				0	0	0
LARRY J LABOWSKI ERIE - TREASURER	1 00			X				0	0	0
MARK C MUIR ERIE - VICE-PRESIDENT	1 00			X				0	0	0
DARRELL BECKER FAYETTE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
SUSAN SICKLE FAYETTE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ALVIN DIAMOND FAYETTE - PRESIDENT	1 00			X				0	0	0
DEBORAH ETTA MARELLA FAYETTE - SECRETARY	1 00			X				0	0	0
DARRELL BECKER FAYETTE - TREASURER	1 00			X				0	0	0
PIERCE WILLSON FAYETTE - VICE-PRESIDENT	1 00			X				0	0	0
CLINTON ALLEN FAYETTE - VICE-PRESIDENT	1 00			X				0	0	0
DEAN L OCKER FRANKLIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MICAH M MEYERS JR FRANKLIN - PRESIDENT	1 00			X				0	0	0
JESSE KLINE FRANKLIN - SECRETARY/TREASURER	1 00			X				0	0	0
CLINT FERGUSON FRANKLIN - VICE-PRESIDENT	1 00			X				0	0	0
JACK E MARTIN FRANKLIN - VICE-PRESIDENT	1 00			X				0	0	0
DEE JOHNSTON FULTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MARLIN M LYNCH FULTON - PRESIDENT	1 00			X				0	0	0
DEE JOHNSTON FULTON - SECRETARY/TREASURER	1 00			X				0	0	0
BARRY E BIVENS FULTON - VICE-PRESIDENT	1 00			X				0	0	0
ERIC W CROMER FULTON - VICE-PRESIDENT	1 00			X				0	0	0
BARBARA ROBISON GREENE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ADOLF DEYNZER GREENE - MEMBERSHIP CHAIRPERSON	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 (list any hours for related organizations below dotted line)	(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			
ROLAND DANIELS GREENE - PRESIDENT	1 00			X				0	0	0
BARBARA ROBISON GREENE - SECRETARY/TREASURER	1 00			X				0	0	0
JAMES COWELL JR GREENE - VICE-PRESIDENT	1 00			X				0	0	0
S MICHAEL MOWRER HUNTINGDON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
PAUL D POWELL HUNTINGDON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MATTHEW N BARNETT HUNTINGDON - PRESIDENT	1 00			X				0	0	0
BARBARA KYPER HUNTINGDON - SECRETARY/TREASURER	1 00			X				900	0	0
RUSSELL A KYPER HUNTINGDON - VICE-PRESIDENT	1 00			X				0	0	0
ROBERT W MARTIN INDIANA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DAVID KIMMEL INDIANA - 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
BETH FABIN INDIANA - VICE-PRESIDENT	1 00			X				0	0	0
JOHN FRANKLIN ACKERSON INDIANA - VICE-PRESIDENT	1 00			X				0	0	0
FRED E REED JEFFERSON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DANIEL J PARK JEFFERSON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DANIEL J PARK JEFFERSON - PRESIDENT	1 00			X				0	0	0
LYDIA GOULD JEFFERSON - SECRETARY/TREASURER	1 00			X				0	0	0
LEON S BLOSE JEFFERSON - VICE-PRESIDENT	1 00			X				0	0	0
DANIEL J MCCLELLAND JEFFERSON - VICE-PRESIDENT	1 00			X				0	0	0
DAVID G GRAYBILL JUNIATA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DAVID S CLARK JUNIATA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DAVID G GRAYBILL JUNIATA - PRESIDENT	1 00			X				0	0	0
JACLYN R MATTER JUNIATA - SECRETARY	1 00			X				0	0	0
ELSIE J SHEETS JUNIATA - TREASURER	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 (list any hours for related organizations below dotted line)	(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			
MATTHEW W MATTER JUNIATA - VICE-PRESIDENT	1 00			X				0	0	0
DEBORAH A BENNER LANCASTER - PRESIDENT	1 00			X				1,200	0	0
AMY BENNER LANCASTER - SECRETARY/TREASURER	1 00			X				2,800	0	0
DONALD L RANCK LANCASTER - VICE-PRESIDENT	1 00			X				0	0	0
BRADLEY S ROHRER LANCASTER - VICE-PRESIDENT	1 00			X				0	0	0
STEPHEN L HERSHEY LANCASTER - VICE-PRESIDENT	1 00			X				0	0	0
ROBERT B SMITH LEBANON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
CURTIS L MARTIN LEBANON - PRESIDENT	1 00			X				0	0	0
TRACY L HEAGY LEBANON - SECRETARY/TREASURER	1 00			X				0	0	0
GREGORY E HOSTETTER LEBANON - VICE-PRESIDENT	1 00			X				0	0	0
ARLAND H SCHANTZ LEHIGH - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
WILLIAM T BOYD LEHIGH - PRESIDENT	1 00			X				0	0	0
JOHN BERRY LEHIGH - SECRETARY	1 00			X				0	0	0
MELANIE E FINK LEHIGH - TREASURER	1 00			X				0	0	0
MELANIE E FINK LEHIGH - VICE-PRESIDENT	1 00			X				0	0	0
KEITH D HARWICK LEHIGH - VICE-PRESIDENT	1 00			X				0	0	0
MARTIN SMITH LUZERNE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KEITH R HILLIARD LUZERNE - PRESIDENT	1 00			X				0	0	0
RICHARD E YOST LUZERNE - SECRETARY/TREASURER	1 00			X				0	0	0
MARTIN SMITH LUZERNE - VICE-PRESIDENT	1 00			X				0	0	0
JON LUCAS LUZERNE - VICE-PRESIDENT	1 00			X				0	0	0
CARLOS SNYDER LYCOMING - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
EDWARD D FRANTZ LYCOMING - PRESIDENT	1 00			X				0	0	0
BARBARA A STEPPE LYCOMING - SECRETARY/TREASURER	1 00			X				0	0	0
RUSSELL REITZ LYCOMING - 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 (list any hours for related organizations below dotted line)	(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			
DAVE PETERSON MCKEAN-POTTER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAMES A TANNER MCKEAN-POTTER - 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
GARY D ISADORE MCKEAN-POTTER - VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM E CANNON MERCER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
WAYNE SWIFT MERCER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
TODD SHEARER MERCER - 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
WILLIAM E CANNON MERCER - VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM HOHMANN MERCER - VICE-PRESIDENT	1 00			X				0	0	0
TIMOTHY R GOSS MIFFLIN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
FRANK A BONSON MIFFLIN - 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
MARK M ELLINGER MIFFLIN - VICE-PRESIDENT	1 00			X				0	0	0
MERRILL G RUTH MONTGOMERY - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN CAROFF MONTGOMERY - PRESIDENT	1 00			X				0	0	0
WENDY J FREED MONTGOMERY - SECRETARY/TREASURER	1 00			X				2,340	0	0
FRANCIS MCDONNELL MONTGOMERY - VICE-PRESIDENT	1 00			X				0	0	0
HERBERT ZEAGER MONTOUR - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAY E WISSLER MONTOUR - PRESIDENT	1 00			X				0	0	0
JENNIFER JONES MONTOUR - SECRETARY	1 00			X				0	0	0
KEITH T FLETCHER MONTOUR - TREASURER	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 (list any hours for related organizations below dotted line)	(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			
JOHN S HARTMAN MONTOUR - VICE-PRESIDENT	1 00			X				0	0	0
KENNETH R WEDDE NORTHAMPTON-MONROE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
RAY I MACK NORTHAMPTON-MONROE - PRESIDENT	1 00			X				0	0	0
SUSAN A HAHN NORTHAMPTON-MONROE - SECRETARY/TREASURER	1 00			X				1,150	0	0
JOHN P MILLER NORTHAMPTON-MONROE - VICE-PRESIDENT	1 00			X				0	0	0
REBECCA SPICKLER NORTHUMBERLAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
WILLIAM S GEISE NORTHUMBERLAND - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
TIMOTHY LESHER NORTHUMBERLAND - PRESIDENT	1 00			X				0	0	0
SHIRLEY L SNYDER NORTHUMBERLAND - SECRETARY	1 00			X				0	0	0
GORDON T KOPP NORTHUMBERLAND - TREASURER	1 00			X				0	0	0
JOSH DANIELS NORTHUMBERLAND - VICE-PRESIDENT	1 00			X				0	0	0
RONALD BENNICK NORTHUMBERLAND - VICE-PRESIDENT	1 00			X				0	0	0
VANCE R KRETZING PERRY - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JAMES L FULLER PERRY - PRESIDENT	1 00			X				0	0	0
ROBERT O'TOOLE PERRY - SECRETARY/TREASURER	1 00			X				0	0	0
STEVEN M INNERST PERRY - VICE-PRESIDENT	1 00			X				0	0	0
ALLEN T HINKEL SCHUYLKILL-CARBON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KENT A HEFFNER SCHUYLKILL-CARBON - PRESIDENT	1 00			X				0	0	0
SAMANTHA RUSSELL SCHUYLKILL-CARBON - SECRETARY/TREASURER	1 00			X				1,650	0	0
DENNIS MARBARGER SCHUYLKILL-CARBON - VICE-PRESIDENT	1 00			X				0	0	0
GLENN K CARPER SNYDER - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT W HEIMBACH SNYDER - 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
DOUGLAS A KLINGLER SNYDER - 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 (list any hours for related organizations below dotted line)	(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			
CLAIR ESBENSHADE SNYDER - VICE-PRESIDENT	1 00			X				0	0	0
H DENNIS HUTCHISON SOMERSET - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LARRY COGAN SOMERSET - PRESIDENT	1 00			X				0	0	0
CAROL J WALKER SOMERSET - SECRETARY	1 00			X				0	0	0
DEBRA K OTT SOMERSET - TREASURER	1 00			X				0	0	0
JOHN W DICE SOMERSET - VICE-PRESIDENT	1 00			X				0	0	0
ALTON G ARNOLD SUSQUEHANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
FLORENCE L HELMACY SUSQUEHANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DONNA L WILLIAMS SUSQUEHANNA - PRESIDENT	1 00			X				0	0	0
KIM R BARBOUR SUSQUEHANNA - SECRETARY	1 00			X				0	0	0
FLORENCE L HELMACY SUSQUEHANNA - TREASURER	1 00			X				0	0	0
JAMES L BARBOUR SUSQUEHANNA - VICE-PRESIDENT	1 00			X				0	0	0
PAULINE J FALLON SUSQUEHANNA - VICE-PRESIDENT	1 00			X				0	0	0
JOHN P PAINTER II TIOGA-POTTER - PRESIDENT	1 00			X				0	0	0
VALERIE H BAKER TIOGA-POTTER - SECRETARY	1 00			X				0	0	0
JULIE KROECK TIOGA-POTTER - TREASURER	1 00			X				0	0	0
TIMOTHY P WOOD TIOGA-POTTER - VICE-PRESIDENT	1 00			X				0	0	0
R LAVERE HOOK UNION - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
JOHN R WALTER UNION - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
R LAVERE HOOK UNION - 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
GARY PFLEEGOR UNION - VICE-PRESIDENT	1 00			X				0	0	0
MARK E LAWSON WARREN - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
MARK E LAWSON WARREN - 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 (list any hours for related organizations below dotted line)	(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			
DEBORAH J LUCKS WARREN - SECRETARY/TREASURER	1 00			X				0	0	0
H PETER BLOCK WARREN - VICE-PRESIDENT	1 00			X				0	0	0
GEORGE W MORTON WARREN - VICE-PRESIDENT	1 00			X				0	0	0
GARY D WOODRUFF WASHINGTON - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
L GEORGE WHERRY WASHINGTON - PRESIDENT	1 00			X				0	0	0
GARY D WOODRUFF WASHINGTON - SECRETARY/TREASURER	1 00			X				0	0	0
JOHN H SCOTT WASHINGTON - VICE-PRESIDENT	1 00			X				0	0	0
GILBERT LOSCIG WAYNE-PIKE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
LOUISE ERK WAYNE-PIKE - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
KARL EISENHAUER WAYNE-PIKE - PRESIDENT	1 00			X				0	0	0
CAROLE A GRODACK WAYNE-PIKE - SECRETARY	1 00			X				1,800	0	0
HELEN C BECK WAYNE-PIKE - TREASURER	1 00			X				0	0	0
DAVID WILLIAMS WAYNE-PIKE - VICE-PRESIDENT	1 00			X				0	0	0
ROBERT M RUTLEDGE JR WAYNE-PIKE - VICE-PRESIDENT	1 00			X				0	0	0
CLIFFORD KUBACK WYOMING-LACKAWANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ALLAN MCLAIN WYOMING-LACKAWANNA - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
DALE SHUPP WYOMING-LACKAWANNA - PRESIDENT	1 00			X				0	0	0
CONNIE M TEEL WYOMING-LACKAWANNA - SECRETARY/TREASURER	1 00			X				800	0	0
ALLAN MCLAIN WYOMING-LACKAWANNA - VICE-PRESIDENT	1 00			X				0	0	0
ROLAND E ANDERSON WYOMING-LACKAWANNA - VICE-PRESIDENT	1 00			X				0	0	0
JULIE L FLINCHBAUGH YORK - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
EDWIN G LIVINGSTON YORK - PRESIDENT	1 00			X				0	0	0
KATHERINE FLINCHBAUGH YORK - SECRETARY	1 00			X				960	0	0
JOSHUA D MARTIN YORK - TREASURER	1 00			X				960	0	0
DOLORES KRICK YORK - 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 (list any hours for related organizations below dotted line)	(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			
PAMELA D REDDING ADAMS - MEMBERSHIP CHAIRPERSON	1 00			X				0	0	0
ROBERT T CLOWNEY ADAMS - PRESIDENT	1 00			X				0	0	0
DENISE R SHELLEMAN ADAMS - SECRETARY/TREASURER	1 00			X				0	0	0
SALLY SCHOLLE ADAMS - VICE PRESIDENT	1 00			X				0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008034

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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	75,148		66,501	8,647
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,647

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		
(3) Other		
(A) OTHER INVESTMENTS	150,918	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	150,918	

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) must 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) must 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) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008034

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. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

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 email 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ICE CREAM BOOTH (event type)	(b) Event #2 (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6,885			6,885
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	6,885			6,885
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,485			3,485
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(3,485)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				3,400

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 _____

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008034

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

2012

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. Part II can be duplicated 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 FOUNDATION PO BOX 8736 CAMP HILL, PA 170018736	22-2699958	501(C)(3)	37,037				GENERAL SUPPORT
(2) PENNSYLVANIA FARM BUREAU PO BOX 8736 CAMP HILL, PA 170018736	23-1382876	501(C)(5)	5,059				GENERAL SUPPORT
(3) PHILADELPHIA RONALD MCDONALD HOUSE INC 3925 CHESTNUT ST PHILADELPHIA, PA 19104	23-7377505	501(C)(3)	7,250				GENERAL SUPPORT
(4) MONTGOMERY COUNTY FARM HOME & 4H 1015 BRIDGE ROAD SUITE H COLLEGEVILLE, PA 194261179	23-2298814	501(C)(3)	7,727				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. Part III can be duplicated 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, Part III, column (b), and any other additional information

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008034

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

2012

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	
	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, SEVEN 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 FINANC IAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BY SIX COUNTIES, ARE DISTRIBUTED DURING MEE TINGS (MONTHLY, SEMIANNUAL, ANNUAL) BY 42 COUNTIES AND ARE PUBLISHED IN THEIR NEWSLETTER B Y SIX COUNTIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008034

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) 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" to 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) 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	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(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					No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

Additional Data

Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

-->