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: 93493135048817

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
CAMP HILL, PA 17011

D Employer identification number
90-0155190

E Telephone number
(717) 761-2740

G Gross receipts $ 1,279,411

F Name and address of principal officer
SAMUEL KIEFFER
510 S 31ST STREET
CAMP HILL, PA 17011

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

H(b) Are all subordinates 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**	525
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	525
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	1,155
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,266
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)	74,710	90,688
9	Program service revenue (Part VIII, line 2g)	910,512	984,144
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,537	7,718
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,024	49,478
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,030,783	1,132,028
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	197,180	237,995
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)	40,121	36,825
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)	733,044	685,771
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	970,345	960,591
19	Revenue less expenses Subtract line 18 from line 12	60,438	171,437

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,157,100	2,992,489
21	Total liabilities (Part X, line 26)	1,994,431	1,658,381
22	Net assets or fund balances Subtract line 21 from line 20	1,162,669	1,334,108

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

******
Signature of officer — 2017-05-12 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	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 or note to any line 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		No
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	22		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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 or note to any line 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	525		
	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	525		
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, address, and telephone number of the person who possesses the organization's books and records ▶VARIOUS COUNTY FARM BUREAU'S 510 S 31ST STREET CAMP HILL, PA 17011 (717) 761-2740

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

Check if Schedule O contains a response or note to any line 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			
See Additional Data Table										

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	36,825	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 or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	90,688			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		90,688			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	819,007	819,007		
	b MEMBER'S MEETINGS INC	900099	165,137	165,137		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		984,144			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,718			7,718
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 52,118				
	b Less direct expenses	b 25,331				
	c Net income or (loss) from fundraising events		26,787			26,787
	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 126,390				
	b Less cost of goods sold	b 122,052				
	c Net income or (loss) from sales of inventory		4,338			4,338
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	9,931	9,931		
	b MEMBER SERVICE INCENTI	541800	6,720	1,454	5,266	
	c ADVERTISING	541800	1,702	1,702		
	d All other revenue					
	e **Total.** Add lines 11a–11d		18,353			
	12 **Total revenue.** See Instructions		1,132,028	997,231	5,266	38,843

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	204,971			
2 Grants and other assistance to domestic individuals See Part IV, line 22	33,024			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	36,825			
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				
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	1,910			
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)	34,072			
12 Advertising and promotion	14,473			
13 Office expenses	256,083			
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	324,701			
20 Interest				
21 Payments to affiliates	13,531			
22 Depreciation, depletion, and amortization	1,342			
23 Insurance	30,927			
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 GIFTS/AWARDS	4,630			
b MISCELLANEOUS	4,102			
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	960,591			
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 or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,244,836	1	1,372,525
	2	Savings and temporary cash investments	70,349	2	75,388
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,500	4	181,401
	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	1,660,080	9	1,197,690
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 44,726			
	b	Less accumulated depreciation — 10b: 34,932	11,136	10c	9,794
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	165,229	12	155,691
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,970	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,157,100	16	2,992,489
Liabilities	17	Accounts payable and accrued expenses	794	17	1,349
	18	Grants payable		18	
	19	Deferred revenue	1,993,637	19	1,657,032
	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	1,994,431	26	1,658,381
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	1,162,669	27	1,334,108
	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	1,162,669	33	1,334,108
	34	Total liabilities and net assets/fund balances	3,157,100	34	2,992,489

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,132,028
2	Total expenses (must equal Part IX, column (A), line 25)	2	960,591
3	Revenue less expenses Subtract line 2 from line 1	3	171,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,162,669
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	
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	1,334,108

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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			
NICHOLAS S HEBROCK NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
PAMELA J FORGY MIFFLIN-DIRECTOR	1 00	X						0	0	0
NICHOLAS C MOBILIA JR ERIE-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
NICHOLAS C MOBILIA JR ERIE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
BRADY D KADUNCE CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
NELSON W MOYER SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
NELSON P HEAGY LEBANON-DIRECTOR	1 00	X						0	0	0
NELSON HIGH JUNIATA-DIRECTOR	1 00	X						0	0	0
NATHAN CROOKE BUCKS-DIRECTOR	1 00	X						0	0	0
NATHAN BLASCO CUMBERLAND-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			
NANCY PANZERA-JACKSON SUSQUEHANNA-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
BRENDA IRWIN CRAWFORD-DIRECTOR	1 00	X						0	0	0
MILDRED L TURNER CENTRE-DIRECTOR	1 00	X						0	0	0
BRENNAN K JOHNS BERKS-DIRECTOR	1 00	X						0	0	0
MICHAEL P MANGAN MCKEAN-POTTER-DIRECTOR	1 00	X						0	0	0
MICHAEL P KUNSMAN CLEARFIELD-DIRECTOR	1 00	X						0	0	0
NICHOLAS FEIDT CLINTON-DIRECTOR	1 00	X						0	0	0
DAVID P BENTREM WASHINGTON-DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
PAUL D POWELL HUNTINGDON-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			
BENJAMIN C DIEM JUNIATA-DIRECTOR	1 00	X						0	0	0
BENJAMIN T BRENDLINGER INDIANA-DIRECTOR	1 00	X						0	0	0
RICHARD E YOST LUZERNE-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
RICHARD D FARABAUGH CAMBRIA-DIRECTOR	1 00	X						0	0	0
REBECCA J BUSH DAUPHIN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
REBECCA E HARROP MIFFLIN-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
REBECCA A SPICKLER NORTHUMBERLAND-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
RAYMOND H MCMINN ELK-DIRECTOR	1 00	X						0	0	0
RAYMOND GAHR ELK-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			
RANDY G YODER LUZERNE-DIRECTOR	1 00	X						0	0	0
RANDALL P MEABON ERIE-DIRECTOR	1 00	X						0	0	0
RALPH W HAHN NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
RACHAEL KIRKHOFF BERKS-DIRECTOR	1 00	X						0	0	0
BONNIE J CONFER JEFFERSON-DIRECTOR	1 00	X						0	0	0
R LAVERE HOOK UNION-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
PIERCE WILLSON FAYETTE-DIRECTOR	1 00	X						0	0	0
PHILIP E LEHMAN TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
PETER M YORKE BEDFORD-DIRECTOR	1 00	X						0	0	0
PAULINE J FALLON SUSQUEHANNA-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			
PAULINE J FALLON SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
PAUL W SEMMEL LEHIGH-DIRECTOR	1 00	X						0	0	0
PAUL STUBRICK ARMSTRONG-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
PAUL STUBRICK ARMSTRONG-DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND-DIRECTOR	1 00	X						0	0	0
MICHAEL F STITZINGER BUCKS-DIRECTOR	1 00	X						0	0	0
PAUL H MURRAY WESTMORELAND-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
PAUL G HARTMAN BERKS-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
BONNIE L LATOURETTE WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
PATRICIA ZEIDNER BRADFORD-SULLIVAN-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 E MOLNAR WASHINGTON-DIRECTOR	1 00	X						0	0	0
MATTHEW ULRICH UNION-DIRECTOR	1 00	X						0	0	0
BRIAN A DAVIS ADAMS-DIRECTOR	1 00	X						0	0	0
CHARLES E PORTER COLUMBIA-DIRECTOR	1 00	X						0	0	0
LARRY TAYLOR CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
LARRY WALDMAN NORTHUMBERLAND-DIRECTOR	1 00	X						0	0	0
CHARLES E BENNER SNYDER-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
LAURA YOUNG CENTRE-DIRECTOR	1 00	X						0	0	0
LAURA YOUNG CENTRE-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
CHARLES GRAYDUS CHESTER-DELAWARE-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			
LAURA ZOELLER WASHINGTON-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
LAVERNE J LEWIS CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
CHARLES D RHOADS MONTGOMERY-DIRECTOR	1 00	X						0	0	0
LAVERNE Z NOLT BLAIR-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
LAWRENCE VOLL BUTLER-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
CHARLES BENDAL CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
CHARLENE M SHUPP-ESPENSHADE WYOMING-LACKAWANNA-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
LAUREN DESHONG FULTON-DIRECTOR	1 00	X						0	0	0
CHARLES H MYERS FRANKLIN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
LANA R MOZES MERCER-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			
CHARLES SEIDEL BERKS-DIRECTOR	1 00	X						0	0	0
KENNETH HERSTINE BUCKS-DIRECTOR	1 00	X						0	0	0
KENNETH P REED II WESTMORELAND-DIRECTOR	1 00	X						0	0	0
KENT A HEFFNER SCHUYLKILL-CARBON-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
KENT A HEFFNER SCHUYLKILL-CARBON-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
KENT A SPICHER MIFFLIN-DIRECTOR	1 00	X						0	0	0
KERRYANN M SANOCKI BUCKS-DIRECTOR	1 00	X						0	0	0
KEVIN R REITZ LYCOMING-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
CHRIS YOUNG BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
CHRIS R HOFFMAN JUNIATA-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			
KIM D SPICER WARREN-DIRECTOR	1 00	X						0	0	0
KRISSA M BREWER NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
KURT A KOSA TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
KURT M WALKER SOMERSET-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CHRIS B BAUGHER ADAMS-DIRECTOR	1 00	X						0	0	0
L SCOTT SHEDDEN BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
LEE R FORGY MIFFLIN-DIRECTOR	1 00	X						0	0	0
MICHAEL A HAWBAKER HUNTINGDON-DIRECTOR	1 00	X						0	0	0
CATHERINE VORISEK CRAWFORD-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
LISA WHERRY WASHINGTON-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			
BROCK L WIDERMAN ADAMS-DIRECTOR	1 00	X						0	0	0
MARY ELIZABETH SNYDER BUCKS-DIRECTOR	1 00	X						0	0	0
BRIAN TWORKOSKI MONTOUR-DIRECTOR	1 00	X						0	0	0
BRIAN LEROY MCMULLEN CAMBRIA-DIRECTOR	1 00	X						0	0	0
MATTHEW D KEHR ADAMS-DIRECTOR	1 00	X						0	0	0
MATTHEW N BARNETT HUNTINGDON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARTIN SMITH LUZERNE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
BRIAN K ZEMBOWER BEDFORD-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
BRIAN DETWILER BLAIR-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MAXINE S BOOKAMER CRAWFORD-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			
BRIAN DALE MOYER BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
MELISSA R KEEFER FRANKLIN-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
MERLE LEWIS WYOMING-LACKAWANNA-DIRECTOR	1 00	X						0	0	0
MERRILL G RUTH MONTGOMERY-DIRECTOR	1 00	X						0	0	0
MATTHEW SHAFFER WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
MARTIN P YAHNER CAMBRIA-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
MARTIN P YAHNER CAMBRIA-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARSHALL MANGOLD LEHIGH-DIRECTOR	1 00	X						0	0	0
LOREN ELDER BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
LOUISE ERK WAYNE-PIKE-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			
LOUISE ERK WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
CATHERINE VORISEK CRAWFORD-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
LYNITA VAIL WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
CATHERINE VORISEK CRAWFORD-DIRECTOR	1 00	X						0	0	0
MARK L WIDERMAN ADAMS-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARK M ELLINGER MIFFLIN-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CAROL GREGG MERCER-INFORMATION DIRECTOR DIRECTOR	1 00	X						360	0	0
MARK R CANON MERCER-DIRECTOR	1 00	X						0	0	0
CARLA ROGERS GREENE-DIRECTOR	1 00	X						0	0	0
MARK R PARTNER 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			
MARK TROYER ERIE-DIRECTOR	1 00	X						0	0	0
MARLIN M LYNCH FULTON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
MARLYN L SHAFFER WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
LISA M ROBINSON MERCER-DIRECTOR	1 00	X						0	0	0
RICHARD J KIND BEAVER-LAWRENCE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ROBERT B SMITH LEBANON-MEMBER RELATIONS DIRECTOR	1 00	X						1,000	0	0
RICHARD M WISE JEFFERSON-DIRECTOR	1 00	X						0	0	0
THOMAS B WILLIAMS DAUPHIN-DIRECTOR	1 00	X						0	0	0
THOMAS C HELMACY SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
AMANDA BLAKER GREENE-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 F EDGREEN MCKEAN-POTTER-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
THOMAS F EDGREEN MCKEAN-POTTER-DIRECTOR	1 00	X						0	0	0
THOMAS F HALDEMAN BUCKS-DIRECTOR	1 00	X						0	0	0
THEODORE R BARBOUR LYCOMING-DIRECTOR	1 00	X						0	0	0
ALTON G ARNOLD SUSQUEHANNA-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
TIMOTHY JAGGARS WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
ALTON G ARNOLD SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
TIMOTHY P WOOD TIOGA-POTTER-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
TIMOTHY P WOOD TIOGA-POTTER-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
ALTON G ARNOLD SUSQUEHANNA-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			
TIMOTHY R GOSS MIFFLIN-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
TIM LUDWICK WARREN-DIRECTOR	1 00	X						0	0	0
THEODORE J FARABAUGH CAMBRIA-DIRECTOR	1 00	X						0	0	0
TANYA KUNSMAN CLEARFIELD-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
TAMMY G ROBBINS COLUMBIA-DIRECTOR	1 00	X						0	0	0
STEPHEN C NAYLOR PERRY-DIRECTOR	1 00	X						0	0	0
STEPHEN C NAYLOR PERRY-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
AMY SALANSKY LUZERNE-DIRECTOR	1 00	X						0	0	0
STEPHEN R BURKHOLDER BERKS-DIRECTOR	1 00	X						0	0	0
STEVE SMITH 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			
STEVEN CHAPIN COLUMBIA-DIRECTOR	1 00	X						0	0	0
STEVEN J WENGER LEBANON-DIRECTOR	1 00	X						0	0	0
STEVEN JOSEPH BARR CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
STEVEN L REICHARD CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
AMY GABLE BEDFORD-DIRECTOR	1 00	X						0	0	0
SUSAN E CARNS DAUPHIN-DIRECTOR	1 00	X						0	0	0
SUSAN HAUCK UNION-DIRECTOR	1 00	X						0	0	0
AMANDA L MILLER BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
T SCOTT MOORE LYCOMING-DIRECTOR	1 00	X						0	0	0
TAMMIE ROBINSON INDIANA-INFORMATION DIRECTOR DIRECTOR	1 00	X						945	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			
TIMOTHY R GOSS MIFFLIN-DIRECTOR	1 00	X						0	0	0
STANLEY BRUBAKER TIOGA-POTTER-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
TIMOTHY R GOSS MIFFLIN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
TODD HENRY SOMMER YORK-DIRECTOR	1 00	X						0	0	0
WAYNE W HARLEY BEAVER-LAWRENCE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
WENDY J FREED MONTGOMERY-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
WENDY J FREED MONTGOMERY-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
WENDY J FREED MONTGOMERY-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
ALLAN J MCLAIN WYOMING-LACKAWANNA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
WESLEY G MOSIER BRADFORD-SULLIVAN-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			
WAYNE SWIFT MERCER-DIRECTOR	1 00	X						0	0	0
WILLIAM A DONEY WESTMORELAND-DIRECTOR	1 00	X						0	0	0
ADOLF DEYNZER GREENE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
ADOLF DEYNZER GREENE-DIRECTOR	1 00	X						0	0	0
ADAM UNDERKOFFLER CLINTON-DIRECTOR	1 00	X						0	0	0
ABRAHAM ISAIAH MELLINGER YORK-DIRECTOR	1 00	X						0	0	0
WILLIAM HOHMANN MERCER-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
WILLIAM ORD SUSQUEHANNA-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ALLAN J MCLAIN WYOMING-LACKAWANNA-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
WAYNE L BRENNEMAN HUNTINGDON-DIRECTOR	1 00	X						0	0	0

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

(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			
WALTER L WORTHINGTON JR LYCOMING-DIRECTOR	1 00	X						0	0	0
VIRGINIA SHREVE ERIE-DIRECTOR	1 00	X						0	0	0
ALONZA W PALMER FULTON-DIRECTOR	1 00	X						0	0	0
TOMMY R CRONER SOMERSET-DIRECTOR	1 00	X						0	0	0
ALLEN T HINKEL SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
TOMMY R NAGLE JR CAMBRIA-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
TRACY HAINSEY BLAIR-DIRECTOR	1 00	X						0	0	0
ALLEN T HINKEL SCHUYLKILL-CARBON-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
TRAVIS E HAHN NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
ALLEN T HINKEL SCHUYLKILL-CARBON-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			
VALERIE H BAKER TIOGA-POTTER-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ALLAN KINTER INDIANA-DIRECTOR	1 00	X						0	0	0
VANCE R KRETZING PERRY-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
VICKY J HEIMBACH SNYDER-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ALLAN KINTER INDIANA-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
VICTOR G BARRICK CUMBERLAND-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
VICTOR G BARRICK CUMBERLAND-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
TODD E BEICHNER CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
STANLEY BRUBAKER TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
SIDNEY SCHIEVER BUTLER-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			
ANDREA STOLTZFUS SOMERSET-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ROBERT STEVEN DEHAVEN INDIANA-DIRECTOR	1 00	X						0	0	0
ROBERT STEVEN DEHAVEN INDIANA-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ROBERT STEVEN DEHAVEN INDIANA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
ROBERT T CLOWNEY ADAMS-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
ROBERT W DAVIS CAMBRIA-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ROBERT NAYLOR WYOMING-LACKAWANNA-DIRECTOR	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
BARBARA ROBISON 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			
ROBERT W MARTIN INDIANA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
RODNEY DAVIS HUNTINGDON-DIRECTOR	1 00	X						0	0	0
ROGER A FREEHLING JR ARMSTRONG-DIRECTOR	1 00	X						0	0	0
ROGER TEEL WYOMING-LACKAWANNA-DIRECTOR	1 00	X						0	0	0
AUDREY M CONRAD JUNIATA-DIRECTOR	1 00	X						0	0	0
ROBERT W DETWILER BEDFORD-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ROBERT M WEAVER CLINTON-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ROBERT M RUTLEDGE JR WAYNE-PIKE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
BENJAMIN A HEPBURN LYCOMING-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			
RICHARD T GRIEBEL CLARION-VENANGO-FOREST-INFORMATION DIRECTOR DIRECT	1 00	X						0	0	0
RICHARD T MILLER JR CLINTON-DIRECTOR	1 00	X						0	0	0
BEN GORDON HUNTINGDON-DIRECTOR	1 00	X						0	0	0
RICKY E HOMAN CENTRE-DIRECTOR	1 00	X						0	0	0
RITA KENNEDY BUTLER-DIRECTOR	1 00	X						0	0	0
KENNETH HERSTINE BUCKS-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
BARRY T VANORD WARREN-DIRECTOR	1 00	X						0	0	0
ROBERT E KIEFF WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
ROBERT E PEACHEY MIFFLIN-DIRECTOR	1 00	X						0	0	0
BARRY L SIEGRIST JR LANCASTER-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			
ROBERT J HOYER NORTHAMPTON-MONROE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ROBERT J TERCHA BERKS-DIRECTOR	1 00	X						0	0	0
ROBERT J WADDELL CRAWFORD-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
ROBERT L ROHRER LANCASTER-DIRECTOR	1 00	X						0	0	0
ARTHUR CARPENTER WYOMING-LACKAWANNA-DIRECTOR	1 00	X						0	0	0
RONALD SNOKE CUMBERLAND-DIRECTOR	1 00	X						0	0	0
RONNIE A RHOADS COLUMBIA-DIRECTOR	1 00	X						0	0	0
ROYCE M SPRAGUE JEFFERSON-DIRECTOR	1 00	X						0	0	0
ANDY FABIN INDIANA-DIRECTOR	1 00	X						0	0	0
SANDY HERSTINE BUCKS-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			
SARRAH J LYONS BLAIR-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ANDREW W WEIST JR WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
SCOTT A BROFEE PERRY-DIRECTOR	1 00	X						0	0	0
ANDREW N BARR MCKEAN-POTTER-DIRECTOR	1 00	X						0	0	0
SCOTT J PRESTON CRAWFORD-DIRECTOR	1 00	X						0	0	0
SCOTT WENZEL WARREN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
SHANNON COPELAND ERIE-DIRECTOR	1 00	X						0	0	0
SHARON BAILLIE WASHINGTON-DIRECTOR	1 00	X						0	0	0
SHAWN R SAYLOR SOMERSET-DIRECTOR	1 00	X						0	0	0
SHERRY G BROUSE UNION-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			
SHERRY G BROUSE UNION-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
SHERRY LOKHAISER BUTLER-DIRECTOR	1 00	X						0	0	0
SHERYL VANCO WARREN-DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
RICHARD LEE MYERS CUMBERLAND-DIRECTOR	1 00	X						0	0	0
SAM F CARR CLEARFIELD-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH-DIRECTOR	1 00	X						0	0	0
RUDOLPH CHAPIN LUZERNE-DIRECTOR	1 00	X						0	0	0
ARTHUR B NEEDHAM CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
RUSSELL REITZ LYCOMING-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
RUSSELL REITZ LYCOMING-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
ARLENE V CURTIS WARREN-DIRECTOR	1 00	X						0	0	0
RUTH ANN SMITH YORK-DIRECTOR	1 00	X						0	0	0
RUTH FULMER NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
RYAN CALKINS BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
RYAN COCHRAN LANCASTER-DIRECTOR	1 00	X						0	0	0
RYAN M SNYDER NORTHUMBERLAND-DIRECTOR	1 00	X						0	0	0
S MICHAEL MOWRER HUNTINGDON-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
S MICHAEL MOWRER HUNTINGDON-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
S NATHAN MOWRER HUNTINGDON-DIRECTOR	1 00	X						0	0	0

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

(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 HAGGERTY ERIE-DIRECTOR	1 00	X						0	0	0
SALLY KOLB CHESTER-DELAWARE-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ARLAND H SCHANTZ LEHIGH-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
KENNETH E BECHTEL II DAUPHIN-DIRECTOR	1 00	X						0	0	0
KATHRYN E RAUB NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
KEITH T FLETCHER MONTOUR-DIRECTOR	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
EVA M FULMER NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
EVELYN I MINTEER BUTLER-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			
EVELYN I MINTEER BUTLER-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
EVELYN I MINTEER BUTLER-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
FRANCIS J BROYAN LUZERNE-DIRECTOR	1 00	X						0	0	0
DANIEL T MCANINCH CLEARFIELD-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
FRANCIS MCDONNELL MONTGOMERY-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL M LEESE FULTON-DIRECTOR	1 00	X						0	0	0
FRANK MUTNANSKY JR FAYETTE-DIRECTOR	1 00	X						0	0	0
FRANKLIN G BELCHER SUSQUEHANNA-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
DANIEL J SHETLER MCKEAN-POTTER-DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
FRANCIS J PENNINGS ADAMS-DIRECTOR	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
ERNEST CARL MATTIUZ JR ELK-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DANIEL T MCANINCH CLEARFIELD-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
EDWARD S MCCREADY BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
EDWIN G LIVINGSTON YORK-DIRECTOR	1 00	X						0	0	0
DAREN BRUBAKER BLAIR-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
ELDER VOGEL JR BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
ELISE DEITZ CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0
ELIZA WALTON CENTRE-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			
ELIZA WALTON CENTRE-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
ELIZABETH E PEIFER BERKS-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
ELIZABETH E PEIFER BERKS-DIRECTOR	1 00	X						0	0	0
ELIZABETH EMLEN MONTGOMERY-DIRECTOR	1 00	X						0	0	0
ELIZABETH MCCULLOUGH BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
DANIEL TROXELL SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
ELLEN DILLON BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
DANIEL T MCANINCH CLEARFIELD-DIRECTOR	1 00	X						0	0	0
ELWIN L STEWART CENTRE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
FRED A LUCKS WARREN-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			
DAREN BRUBAKER BLAIR-DIRECTOR	1 00	X						0	0	0
FRED E CLAYCOMB BEDFORD-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
G DAVID GINDER LANCASTER-DIRECTOR	1 00	X						0	0	0
GREG R PERRY BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
GREG S FOREST WESTMORELAND-DIRECTOR	1 00	X						0	0	0
GREGG A LANGLEY FAYETTE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
GREGG A LANGLEY FAYETTE-DIRECTOR	1 00	X						0	0	0
DALE W FREDERICK LUZERNE-DIRECTOR	1 00	X						0	0	0
GUY R DAUBENSPECK BUTLER-DIRECTOR	1 00	X						0	0	0
DALE W FREDERICK LUZERNE-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			
H DENNIS HUTCHISON SOMERSET-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
H DENNIS HUTCHISON SOMERSET-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
HAROLD E CURTIS WARREN-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
HAROLD FOERTSCH BUTLER-DIRECTOR	1 00	X						0	0	0
HAROLD FOGLE UNION-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
HAROLD FOGLE UNION-DIRECTOR	1 00	X						0	0	0
HAROLD M HALLMAN III CHESTER-DELAWARE-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
H DENNIS HUTCHISON SOMERSET-DIRECTOR	1 00	X						0	0	0
DALE W FREDERICK LUZERNE-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
GLENN K CARPER SNYDER-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			
GLENN A WISMER BUCKS-DIRECTOR	1 00	X						0	0	0
GARRY W RAUB PERRY-DIRECTOR	1 00	X						0	0	0
GARY D WOODRUFF WASHINGTON-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
GARY D WOODRUFF WASHINGTON-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL J PARK JEFFERSON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
GARY L DEARDORFF ADAMS-DIRECTOR	1 00	X						0	0	0
GARY PFLEEGOR UNION-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL J PARK JEFFERSON-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DANIEL J PARK JEFFERSON-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
GARY W FAULKNER ERIE-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
GEORGE W COURTER CLINTON-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
GEORGE W COURTER CLINTON-DIRECTOR	1 00	X						0	0	0
GERALD R MCCARTY COLUMBIA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
GERALD R MCCARTY COLUMBIA-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
GLEN R CAUFFMAN PERRY-DIRECTOR	1 00	X						0	0	0
FRED E REED JEFFERSON-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DARRELL BECKER FAYETTE-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
EDWARD D FRANTZ LYCOMING-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
EDWARD A RINKHOFF JR FAYETTE-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 H BAVER MERCER-DIRECTOR	1 00	X						0	0	0
DENNIS G BRYAN BUTLER-DIRECTOR	1 00	X						0	0	0
DENNIS J ESSIG BERKS-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DENNIS J ESSIG BERKS-DIRECTOR	1 00	X						0	0	0
DENNIS K ILYES YORK-DIRECTOR	1 00	X						0	0	0
DENNIS L BRECKBILL CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
DEIDRA BOLLINGER LANCASTER-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DENNIS L GRUBB LEBANON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DENNIS M KOHLMEYER BUTLER-DIRECTOR	1 00	X						0	0	0
DAVID G GRAYBILL JUNIATA-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			
DENNIS PATRICK WHITNEY ERIE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DENNIS PATRICK WHITNEY ERIE-DIRECTOR	1 00	X						0	0	0
DEREK J HILLEGASS SOMERSET-DIRECTOR	1 00	X						0	0	0
DIANE M KIEHL JEFFERSON-DIRECTOR	1 00	X						0	0	0
DENNIS L GRUBB LEBANON-DIRECTOR	1 00	X						0	0	0
DEE JOHNSTON FULTON-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DAVID K KOCH SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
DAVID K KOCH SCHUYLKILL-CARBON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DAVID S CLARK JUNIATA-DIRECTOR	1 00	X						0	0	0
DAVID S CLARK JUNIATA-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			
DAVID WILLIAMS WAYNE-PIKE-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DAVID L SNOOK CLINTON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DEAN HEEBNER MONTOUR-DIRECTOR	1 00	X						0	0	0
DEAN KIND BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
DEAN L OCKER FRANKLIN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DEAN L OCKER FRANKLIN-DIRECTOR	1 00	X						0	0	0
DAVID L GREEN SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
DEBORAH ETTA MARELLA FAYETTE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DEBORAH ETTA MARELLA FAYETTE-MEMBER 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			
DEBORAH HOOVER HUNTINGDON-DIRECTOR	1 00	X						0	0	0
DEBORAH J ELLIS CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
DEBORAH J LUCKS WARREN-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DIANE M KIEHL JEFFERSON-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DIANNA SLEEMAN WARREN-DIRECTOR	1 00	X						0	0	0
DOLORES KRICK YORK-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DOLORES KRICK YORK-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DOROTHY J ROSS BLAIR-DIRECTOR	1 00	X						0	0	0
DOROTHY J WAGNER BERKS-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DOROTHY J WAGNER BERKS-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-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DOUGLAS C GRAYBILL BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
DOUGLAS P DOTTERER CLINTON-DIRECTOR	1 00	X						0	0	0
DAVE M ADAMS COLUMBIA-DIRECTOR	1 00	X						0	0	0
DOUGLAS R BENTREM WASHINGTON-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DREW W JOHNSON FRANKLIN-DIRECTOR	1 00	X						0	0	0
DUAINE L MOWREY JEFFERSON-DIRECTOR	1 00	X						0	0	0
DUANE L STEVENSON JR NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
DUNCAN ALLISON CHESTER-DELAWARE-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
DWIGHT SARVER WESTMORELAND-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			
EARLYN R SOLLENBERGER BLAIR-DIRECTOR	1 00	X						0	0	0
EDGAR C KREIDER BLAIR-DIRECTOR	1 00	X						0	0	0
DOROTHY J ROSS BLAIR-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
HAROLD M HALLMAN III CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
DAVE PETERSON MCKEAN-POTTER-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DAVID A REINECKER ADAMS-DIRECTOR	1 00	X						0	0	0
DAVID C GLICK MIFFLIN-DIRECTOR	1 00	X						0	0	0
DAVID C GLICK MIFFLIN-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
DONALD A SEIPT NORTHAMPTON-MONROE-DIRECTOR	1 00	X						0	0	0
DONALD C BERGEY MONTOUR-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			
DONALD E CARNS DAUPHIN-DIRECTOR	1 00	X						0	0	0
DONALD HOOPES HANNUM CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
DONALD J HORNER CLARION-VENANGO-FOREST-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
DONALD J HORNER CLARION-VENANGO-FOREST-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
DAVID A SOLLENBERGER BLAIR-DIRECTOR	1 00	X						0	0	0
DONALD L RANCK LANCASTER-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
DONALD M CARTER WASHINGTON-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
DONALD M HENDERSON JR WASHINGTON-DIRECTOR	1 00	X						0	0	0
DONALD W BARTCH III PERRY-DIRECTOR	1 00	X						0	0	0
DONALD W SALAK 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			
DONNA J LYNCH FULTON-DIRECTOR	1 00	X						0	0	0
DONNELL TAYLOR YORK-DIRECTOR	1 00	X						0	0	0
KENNETH BRANDT DAUPHIN-DIRECTOR	1 00	X						0	0	0
HARRY P SHAAK BERKS-DIRECTOR	1 00	X						0	0	0
DALE SHUPP WYOMING-LACKAWANNA-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN R BENSCOTER SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
JOHN R HESS II ADAMS-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JOHN R LASKO CRAWFORD-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN R LASKO CRAWFORD-DIRECTOR	1 00	X						0	0	0
CLIFFORD L FREY 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			
JOHN SKEBECK CAMBRIA-DIRECTOR	1 00	X						0	0	0
CLIFFORD ROOT TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
JOHN W DICE SOMERSET-DIRECTOR	1 00	X						0	0	0
JON LUCAS LUZERNE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CLIFFORD KUBACK WYOMING-LACKAWANNA-DIRECTOR	1 00	X						0	0	0
JONATHAN BLASS TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
CLIFFORD KUBACK WYOMING-LACKAWANNA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JOSEPH DECKER SUSQUEHANNA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JOSEPH DECKER SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
JOHN-SCOTT PORT CLARION-VENANGO-FOREST-DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
CLIFTON D MILLER COLUMBIA-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN M STRAUB ELK-DIRECTOR	1 00	X						0	0	0
JOHN K SHAFER SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
JOHN A ARRELL CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
CODY EDLING CENTRE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOHN A STEWART JR BEAVER-LAWRENCE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JOHN A STEWART JR BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
CLYDE B MEYER LEBANON-DIRECTOR	1 00	X						0	0	0
JOHN BERRY LEHIGH-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
JOHN C HALABURA SCHUYLKILL-CARBON-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 CAROFF MONTGOMERY-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
CLOYD A LILLEY JUNIATA-DIRECTOR	1 00	X						0	0	0
JOHN DOTTERER CLINTON-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JOHN E KULP MONTGOMERY-DIRECTOR	1 00	X						0	0	0
CLINTON C LATOURETTE WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
CLINTON BUTCHER GREENE-DIRECTOR	1 00	X						0	0	0
JOHN H WETMORE WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
JOHN H WOLGEMUTH LANCASTER-DIRECTOR	1 00	X						0	0	0
JOSEPH E ROSENBAUM BERKS-DIRECTOR	1 00	X						0	0	0
JOEL H KRALL LEBANON-DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JOSEPH F PLONSKI SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
CLEON S CASSEL DAUPHIN-DIRECTOR	1 00	X						0	0	0
KAREN LOSCIG WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
CHRISTOPHER W SALSGIVER ARMSTRONG-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
KARL EISENHAUER WAYNE-PIKE-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
KARL W KROECK TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
CHRISTOPHER P ULRICH LYCOMING-DIRECTOR	1 00	X						0	0	0
KATE HENDRICKS SCHUYLKILL-CARBON-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
KAREN LOSCIG WAYNE-PIKE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
CHRISTOPHER EVERETT CLEARFIELD-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
KEITH A KANARA CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
KEITH D HARWICK LEHIGH-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
CHRISTOPHER E CREEK BLAIR-DIRECTOR	1 00	X						0	0	0
KEITH E OELLIG DAUPHIN-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
CHRISTOPHER BOAZ PERRY-DIRECTOR	1 00	X						0	0	0
CHRISTINE GREIG CRAWFORD-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
KATHY YOACHIM BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
KAREN L CHAPIN COLUMBIA-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
CHRISTOPHER W SALSGIVER ARMSTRONG-DIRECTOR	1 00	X						0	0	0
KAREN DOYLE YORK-DIRECTOR	1 00	X						960	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			
JOSEPH P TALLMAN SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
JOSH DANIELS NORTHUMBERLAND-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOSHUA BARRICK CUMBERLAND-DIRECTOR	1 00	X						0	0	0
JOSHUA C RICE BUCKS-DIRECTOR	1 00	X						0	0	0
CLAUDE M KNOEBEL JR NORTHUMBERLAND-DIRECTOR	1 00	X						0	0	0
JOSHUA D WERNING YORK-DIRECTOR	1 00	X						0	0	0
JOSHUA W KEISTER UNION-DIRECTOR	1 00	X						0	0	0
JOYCE MAZZGA-CARSON WAYNE-PIKE-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JOYCE MAZZGA-CARSON WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
CLARENCE B WALTERMIRE SOMERSET-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JULIE E MASSER BALLAY SCHUYLKILL-CARBON-DIRECTOR	1 00	X						0	0	0
CLARENCE B WALTERMIRE SOMERSET-DIRECTOR	1 00	X						0	0	0
JULIE T PERRY BRADFORD-SULLIVAN-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
CLAIR ESBENSHADE SNYDER-DIRECTOR	1 00	X						0	0	0
JUSTIN J SNOOK CLINTON-DIRECTOR	1 00	X						0	0	0
JOSEPH FECONDO CHESTER-DELAWARE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JOANNA R SOLLENBERGER FRANKLIN-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JESS STAIRS WESTMORELAND-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JESS STAIRS WESTMORELAND-DIRECTOR	1 00	X						0	0	0
JACK ZUKOVICH SCHUYLKILL-CARBON-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			
JACLYN R MATTER JUNIATA-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JACLYN R MATTER JUNIATA-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JACOB A SHUMAN COLUMBIA-DIRECTOR	1 00	X						0	0	0
JAMES A BENSHOFF CAMBRIA-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JAMES A TANNER MCKEAN-POTTER-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JACK MONSOUR BEDFORD-DIRECTOR	1 00	X						0	0	0
JAMES A ZEMBOWER BEDFORD-DIRECTOR	1 00	X						0	0	0
JAMES BOLDY BUTLER-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
D DEAN CLAYCOMB BEDFORD-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
JAMES D GORE BRADFORD-SULLIVAN-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JAMES D GORE BRADFORD-SULLIVAN-DIRECTOR	1 00	X						0	0	0
JAMES D MYERS MONTGOMERY-DIRECTOR	1 00	X						0	0	0
JAMES E DIAMOND BUCKS-DIRECTOR	1 00	X						0	0	0
JAMES BOLDY BUTLER-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JACK E MARTIN FRANKLIN-DIRECTOR	1 00	X						0	0	0
J MICHAEL ZIMMERMAN LANCASTER-DIRECTOR	1 00	X						0	0	0
J ELROSE GLICK MIFFLIN-DIRECTOR	1 00	X						0	0	0
DALE R HOFFMAN TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
DALE E HEAGY LEBANON-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			
HENRY KARKI BEAVER-LAWRENCE-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
HENRY KARKI BEAVER-LAWRENCE-DIRECTOR	1 00	X						0	0	0
DALE B HIMMELBERGER LEBANON-DIRECTOR	1 00	X						0	0	0
HERBERT ZEAGER MONTOUR-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
HERBERT ZEAGER MONTOUR-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
HOUSTIN L LICHTENWALNER LEHIGH-DIRECTOR	1 00	X						0	0	0
HOWARD S REYBURN CHESTER-DELAWARE-DIRECTOR	1 00	X						0	0	0
IAN STAMY CUMBERLAND-DIRECTOR	1 00	X						0	0	0
ISAAC HASSINGER SNYDER-DIRECTOR	1 00	X						0	0	0
J RICHARD BRENNEMAN LANCASTER-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			
J STEVEN PAXTON MERCER-DIRECTOR	1 00	X						0	0	0
J WILLIAM BROOKS SUSQUEHANNA-DIRECTOR	1 00	X						0	0	0
JAMES G SCHENCK JR WESTMORELAND-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
D DEAN CLAYCOMB BEDFORD-MEMBER RELATIONS DIRECTOR	1 00	X						0	0	0
JAMES G SCHENCK JR WESTMORELAND-MEMBERSHIP CHAIRPERSON	1 00	X						0	0	0
JAMES GRIFFIN FAYETTE-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JAY E WISSLER MONTOUR-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JAY P HOOVER SNYDER-DIRECTOR	1 00	X						0	0	0
JAYLENE HESS ADAMS-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
COREY GROVE YORK-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			
COREENA MEYER CLINTON-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JEANNE TRAINER LEHIGH-DIRECTOR	1 00	X						0	0	0
JEFF MISHLER SOMERSET-DIRECTOR	1 00	X						0	0	0
JEFFERY BARNES TIOGA-POTTER-DIRECTOR	1 00	X						0	0	0
JEFFREY L HEACOCK BUCKS-DIRECTOR	1 00	X						0	0	0
JEFFREY L WERNER LEBANON-DIRECTOR	1 00	X						0	0	0
JEFFREY T MOWRER MONTGOMERY-DIRECTOR	1 00	X						0	0	0
JEFFREY WAYBRIGHT ADAMS-DIRECTOR	1 00	X						0	0	0
JEFFRY L GROVE FRANKLIN-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JEREMY BURNHAM CRAWFORD-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			
JEREMY JAMES WAITE SNYDER-DIRECTOR	1 00	X						0	0	0
COREY GROVE YORK-DIRECTOR	1 00	X						0	0	0
HEATHER M FREELAND DAUPHIN-DIRECTOR	1 00	X						0	0	0
JASON WOLFE UNION-DIRECTOR	1 00	X						0	0	0
COURTNEY MEYER LANCASTER-DIRECTOR	1 00	X						0	0	0
CURTISS B FALCK UNION-DIRECTOR	1 00	X						0	0	0
JAMES L HOSTETTER MIFFLIN-DIRECTOR	1 00	X						0	0	0
JAMES LEVAN COLUMBIA-MEMBER SERVICES COORDINATOR	1 00	X						0	0	0
JAMES M MORNINGSTAR HUNTINGDON-DIRECTOR	1 00	X						0	0	0
JAMES W NEUBURGER ERIE-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			
CURT D SWEINHART BEDFORD-DIRECTOR	1 00	X						0	0	0
CRAIG OLVER WAYNE-PIKE-DIRECTOR	1 00	X						0	0	0
JANE YODER BEDFORD-DIRECTOR	1 00	X						0	0	0
CRAIG J LUTZ BERKS-GOVERNMENTAL RELATIONS DIRECTOR	1 00	X						0	0	0
JANET G JAMISON CUMBERLAND-INFORMATION DIRECTOR DIRECTOR	1 00	X						0	0	0
JANET G JAMISON CUMBERLAND-DIRECTOR	1 00	X						0	0	0
CRAIG A ANDRIE INDIANA-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
JASON L SNYDER PERRY-DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JASON OVERLY ARMSTRONG-DIRECTOR	1 00	X						0	0	0
AARON J LEWIS MONTOUR-DIRECTOR	1 00	X						0	0	0
JAY E WISSLER MONTOUR-PRESIDENT	1 00			X				0	0	0
JOHN L HOBBS VMD BEAVER-LAWRENCE-PRESIDENT	1 00			X				0	0	0
JOHN H SCOTT WASHINGTON-VICE-PRESIDENT	1 00			X				0	0	0
JOHN FRANKLIN ACKERSON INDIANA-PRESIDENT	1 00			X				0	0	0
JOHN E KUNZ CRAWFORD-VICE-PRESIDENT	1 00			X				0	0	0
JOHN CAROFF MONTGOMERY-PRESIDENT	1 00			X				0	0	0
JOHN BERRY LEHIGH-SECRETARY	1 00			X				0	0	0
JOHN A BENNETT ARMSTRONG-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			
JENNIFER JONES MONTOUR-SECRETARY/TREASURER	1 00			X				0	0	0
JOHN P MILLER NORTHAMPTON-MONROE-VICE-PRESIDENT	1 00			X				0	0	0
JEFF SHAFFER CLARION-VENANGO-FOREST-VICE-PRESIDENT	1 00			X				0	0	0
JAYLENE HESS ADAMS-SECRETARY/TREASURER	1 00			X				0	0	0
WILLIAM T BOYD LEHIGH-PRESIDENT	1 00			X				0	0	0
JASON M NAILOR CUMBERLAND-TREASURER	1 00			X				0	0	0
JARRETT FINDLAY CLARION-VENANGO-FOREST-VICE-PRESIDENT	1 00			X				0	0	0
JANET E ROBINSON CHESTER-DELAWARE-TREASURER	1 00			X				4,800	0	0
JANALEE SCHILLING CAMBRIA-SECRETARY	1 00			X				0	0	0
JAMI L GLICK MIFFLIN-SECRETARY	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			
JAMES LEVAN COLUMBIA-VICE-PRESIDENT	1 00			X				0	0	0
JEANNE B HAYES CLEARFIELD-TREASURER	1 00			X				0	0	0
JAMES L FULLER PERRY-PRESIDENT	1 00			X				0	0	0
JOHN P PAINTER II TIOGA-POTTER-PRESIDENT	1 00			X				0	0	0
JON LUCAS LUZERNE-VICE-PRESIDENT	1 00			X				0	0	0
KEVIN R REITZ LYCOMING-SECRETARY	1 00			X				0	0	0
KEVIN R REITZ LYCOMING-VICE-PRESIDENT	1 00			X				0	0	0
KENT A HEFFNER SCHUYLKILL-CARBON-PRESIDENT	1 00			X				0	0	0
KEITH R HILLIARD LUZERNE-PRESIDENT	1 00			X				0	0	0
KEITH E OELLIG DAUPHIN-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			
KEITH D HARWICK LEHIGH-VICE-PRESIDENT	1 00			X				0	0	0
KATHLEEN W MAAS ERIE-SECRETARY	1 00			X				0	0	0
KATHERINE FLINCHBAUGH YORK-SECRETARY	1 00			X				0	0	0
JOHN S HARTMAN MONTOUR-VICE-PRESIDENT	1 00			X				0	0	0
KATE HENDRICKS SCHUYLKILL-CARBON-SECRETARY/TREASURER	1 00			X				1,400	0	0
KAREN L CHAPIN COLUMBIA-SECRETARY/TREASURER	1 00			X				600	0	0
JULIE T PERRY BRADFORD-SULLIVAN-VICE-PRESIDENT	1 00			X				0	0	0
JULIE PORE ARMSTRONG-TREASURER	1 00			X				0	0	0
JULIE KROECK TIOGA-POTTER-TREASURER	1 00			X				0	0	0
JULIE A BRADY CHESTER-DELAWARE-SECRETARY	1 00			X				4,800	0	0

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

(A) Name and Title	(B) Average hours per week (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 D MARTIN YORK-TREASURER	1 00			X				960	0	0
JOSEPH FECONDO CHESTER-DELAWARE-VICE-PRESIDENT	1 00			X				0	0	0
JONATHAN I COBLE DAUPHIN-VICE-PRESIDENT	1 00			X				0	0	0
KARL EISENHAUER WAYNE-PIKE-PRESIDENT	1 00			X				0	0	0
JAMES L BARBOUR SUSQUEHANNA-VICE-PRESIDENT	1 00			X				0	0	0
JAMES G SCHENCK JR WESTMORELAND-SECRETARY	1 00			X				0	0	0
JAMES COWELL JR GREENE-VICE-PRESIDENT	1 00			X				0	0	0
ELLA L BOWMAN BEDFORD-VICE-PRESIDENT	1 00			X				0	0	0
ELAINE STEIGMAN DAUPHIN-SECRETARY/TREASURER	1 00			X				0	0	0
EDWARD G RISING INDIANA-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			
EDWARD D FRANZ LYCOMING-PRESIDENT	1 00			X				0	0	0
EARL G STOCK ADAMS-VICE-PRESIDENT	1 00			X				0	0	0
DOUGLAS R BENTREM WASHINGTON-VICE-PRESIDENT	1 00			X				0	0	0
DOTTY STAHL BLAIR-TREASURER	1 00			X				0	0	0
DORIS S EDGREEN MCKEAN-POTTER-SECRETARY	1 00			X				0	0	0
ELSIE J SHEETS JUNIATA-TREASURER	1 00			X				0	0	0
DONNA L WILLIAMS SUSQUEHANNA-PRESIDENT	1 00			X				0	0	0
DON BUCKMAN BUCKS-VICE-PRESIDENT	1 00			X				0	0	0
DOLORES KRICK YORK-PRESIDENT	1 00			X				0	0	0
DERRICK HALBLEIB DAUPHIN-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			
DENNIS MARBARGER SCHUYLKILL-CARBON-VICE-PRESIDENT	1 00			X				0	0	0
DELROY A ARTMAN COLUMBIA-PRESIDENT	1 00			X				0	0	0
DEE JOHNSTON FULTON-SECRETARY/TREASURER	1 00			X				0	0	0
DEBRA K OTT SOMERSET-TREASURER	1 00			X				0	0	0
DEBORAH J LUCKS WARREN-SECRETARY/TREASURER	1 00			X				0	0	0
DONALD L RANCK LANCASTER-VICE-PRESIDENT	1 00			X				0	0	0
ERNEST CARL MATTIUZ JR ELK-SECRETARY	1 00			X				0	0	0
FRANCIS MCDONNELL MONTGOMERY-VICE-PRESIDENT	1 00			X				0	0	0
FRANK A BONSON MIFFLIN-PRESIDENT	1 00			X				0	0	0
JAMES BOLDY BUTLER-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			
JACLYN R MATTER JUNIATA-SECRETARY	1 00			X				0	0	0
HOPE FRYE WESTMORELAND-TREASURER	1 00			X				0	0	0
HERBERT COLE JR CENTRE-VICE-PRESIDENT	1 00			X				0	0	0
HELEN MCMILLEN INDIANA-SECRETARY	1 00			X				0	0	0
HELEN JACKSON BEAVER-LAWRENCE-SECRETARY	1 00			X				0	0	0
HELEN C BECK WAYNE-PIKE-TREASURER	1 00			X				0	0	0
H PETER BLOCK WARREN-VICE-PRESIDENT	1 00			X				0	0	0
GRETCHEN WINKLOSKY WESTMORELAND-VICE-PRESIDENT	1 00			X				0	0	0
GORDON T KOPP NORTHUMBERLAND-TREASURER	1 00			X				0	0	0
GORDON T KOPP NORTHUMBERLAND-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			
GEORGE W MORTON WARREN-VICE-PRESIDENT	1 00			X				0	0	0
GEORGE E MOYER BERKS-VICE-PRESIDENT	1 00			X				0	0	0
GARY R LONG BLAIR-PRESIDENT	1 00			X				0	0	0
GARY PFLEEGOR UNION-VICE-PRESIDENT	1 00			X				0	0	0
GARY D WOODRUFF WASHINGTON-SECRETARY/TREASURER	1 00			X				0	0	0
GARY D ISADORE MCKEAN-POTTER-PRESIDENT	1 00			X				0	0	0
FRED A LUCKS WARREN-VICE-PRESIDENT	1 00			X				0	0	0
FRANK K SNYDER CLEARFIELD-VICE-PRESIDENT	1 00			X				0	0	0
L GEORGE WHERRY WASHINGTON-PRESIDENT	1 00			X				0	0	0
DEBORAH ETTA MARELLA FAYETTE-SECRETARY	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			
LANA R MOZES MERCER-SECRETARY	1 00			X				0	0	0
LARRY G GELSINGER BERKS-PRESIDENT	1 00			X				0	0	0
STEPHEN L HERSHEY LANCASTER-PRESIDENT	1 00			X				0	0	0
SHIRLEY L SNYDER NORTHUMBERLAND-SECRETARY	1 00			X				0	0	0
SCOTT GUTSHALL CUMBERLAND-VICE-PRESIDENT	1 00			X				0	0	0
SARRAH J LYONS BLAIR-SECRETARY	1 00			X				0	0	0
SAM HUFF MERCER-TREASURER	1 00			X				0	0	0
SAM F CARR CLEARFIELD-VICE-PRESIDENT	1 00			X				0	0	0
SALLY SCHOLLE ADAMS-VICE-PRESIDENT	1 00			X				0	0	0
SALLY KOLB CHESTER-DELAWARE-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			
STEVEN M INNERST PERRY-VICE-PRESIDENT	1 00			X				0	0	0
RUSSELL REITZ LYCOMING-VICE-PRESIDENT	1 00			X				0	0	0
RONALD L SMITH BUTLER-SECRETARY	1 00			X				0	0	0
RONALD D WENGER FRANKLIN-VICE-PRESIDENT	1 00			X				0	0	0
RONALD BENNICK NORTHUMBERLAND-VICE-PRESIDENT	1 00			X				0	0	0
ROLAND DANIELS GREENE-PRESIDENT	1 00			X				0	0	0
ROGER AUMAN SR ELK-PRESIDENT	1 00			X				0	0	0
ROBIN LINCOLN BERKS-SECRETARY/TREASURER	1 00			X				0	0	0
ROBERT W HEIMBACH SNYDER-PRESIDENT	1 00			X				0	0	0
ROBERT W DETWILER BEDFORD-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			
RUSSELL A KYPER HUNTINGDON-VICE-PRESIDENT	1 00			X				0	0	0
ROBERT W DAVIS CAMBRIA-VICE-PRESIDENT	1 00			X				0	0	0
SUSAN A HAHN NORTHAMPTON-MONROE-SECRETARY/TREASURER	1 00			X				1,300	0	0
THOMAS E SMITHMYER CAMBRIA-VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM HOHMANN MERCER-VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM E HUNSBERGER SOMERSET-VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM E CANNON MERCER-VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM BANTA WYOMING-LACKAWANNA-VICE-PRESIDENT	1 00			X				0	0	0
WILLIAM A MCCONNELL INDIANA-TREASURER	1 00			X				0	0	0
WENDY M SALSGIVER ARMSTRONG-SECRETARY	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			
WENDY J FREED MONTGOMERY-SECRETARY/TREASURER	1 00			X				7,200	0	0
VICKY J HEIMBACH SNYDER-TREASURER	1 00			X				0	0	0
SUSAN HAUCK UNION-SECRETARY	1 00			X				0	0	0
VALERIE H BAKER TIOGA-POTTER-SECRETARY	1 00			X				0	0	0
TRACY L HEAGY LEBANON-SECRETARY/TREASURER	1 00			X				0	0	0
TOMMY R NAGLE JR CAMBRIA-PRESIDENT	1 00			X				0	0	0
TODD SHEARER MERCER-PRESIDENT	1 00			X				0	0	0
TODD H THOMPSON JEFFERSON-VICE-PRESIDENT	1 00			X				0	0	0
TIMOTHY P WOOD TIOGA-POTTER-VICE-PRESIDENT	1 00			X				0	0	0
TIMOTHY LESHER NORTHUMBERLAND-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			
TIM CROUSE LEBANON-VICE-PRESIDENT	1 00			X				0	0	0
THOMAS W EARP YORK-VICE-PRESIDENT	1 00			X				0	0	0
TRISHA M SWEINHART BEDFORD-SECRETARY	1 00			X				0	0	0
ROBERT T CLOWNEY ADAMS-PRESIDENT	1 00			X				0	0	0
ROBERT O'TOOLE PERRY-SECRETARY/TREASURER	1 00			X				1,000	0	0
ROBERT M WEAVER CLINTON-VICE-PRESIDENT	1 00			X				0	0	0
MARY SCHMIDT CRAWFORD-PRESIDENT	1 00			X				0	0	0
MARY L SMITHMYER CAMBRIA-TREASURER	1 00			X				0	0	0
MARTIN SMITH LUZERNE-VICE-PRESIDENT	1 00			X				0	0	0
MARTHA YOUNG BRADFORD-SULLIVAN-SECRETARY/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			
MARLIN M LYNCH FULTON-PRESIDENT	1 00			X				0	0	0
MARK ROHRBACH COLUMBIA-VICE-PRESIDENT	1 00			X				0	0	0
MARK R FULTON CUMBERLAND-PRESIDENT	1 00			X				0	0	0
MARK M ELLINGER MIFFLIN-VICE-PRESIDENT	1 00			X				0	0	0
MATTHEW N BARNETT HUNTINGDON-PRESIDENT	1 00			X				0	0	0
MARK E LAWSON WARREN-PRESIDENT	1 00			X				0	0	0
MARK A SCHEETZ BUCKS-PRESIDENT	1 00			X				0	0	0
LYDIA GOULD JEFFERSON-SECRETARY/TREASURER	1 00			X				0	0	0
LEON D KRINER CLEARFIELD-PRESIDENT	1 00			X				0	0	0
LEANDER DAVE ZOOK 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			
LAWRENCE VOLL BUTLER-PRESIDENT	1 00			X				0	0	0
LAVERNE Z NOLT BLAIR-VICE-PRESIDENT	1 00			X				0	0	0
LAURA ISADORE MCKEAN-POTTER-TREASURER	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
MATTHEW W MATTER JUNIATA-PRESIDENT	1 00			X				0	0	0
MELANIE E FINK LEHIGH-VICE-PRESIDENT	1 00			X				0	0	0
MELANIE E FINK LEHIGH-TREASURER	1 00			X				0	0	0
ROBERT M RUTLEDGE JR WAYNE-PIKE-VICE-PRESIDENT	1 00			X				0	0	0
ROBERT H NIGGEL BUTLER-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			
ROBERT D HARROP MIFFLIN-TREASURER	1 00			X				0	0	0
RICKY A LEESE FULTON-VICE-PRESIDENT	1 00			X				0	0	0
RICHARD T GRIEBEL CLARION-VENANGO-FOREST-PRESIDENT	1 00			X				0	0	0
RICHARD I MUIR CRAWFORD-VICE-PRESIDENT	1 00			X				0	0	0
RICHARD E YOST LUZERNE-SECRETARY/TREASURER	1 00			X				0	0	0
RICHARD C MCELHANEY BEAVER-LAWRENCE-VICE-PRESIDENT	1 00			X				0	0	0
RAY I MACK NORTHAMPTON-MONROE-PRESIDENT	1 00			X				0	0	0
RAY A HALTEMAN FRANKLIN-VICE-PRESIDENT	1 00			X				0	0	0
R LAVERE HOOK UNION-PRESIDENT	1 00			X				0	0	0
PENNY E KRETZER BEAVER-LAWRENCE-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			
PAUL G HARTMAN BERKS-VICE-PRESIDENT	1 00			X				0	0	0
OTILA RUTHERFORD BUCKS-SECRETARY/TREASURER	1 00			X				5,400	0	0
NICHOLAS C MOBILIA JR ERIE-PRESIDENT	1 00			X				0	0	0
NANCY M KADUNCE CLARION-VENANGO-FOREST-TREASURER	1 00			X				0	0	0
MICHELENE KLIM SUSQUEHANNA-SECRETARY	1 00			X				0	0	0
MICHAEL S PLATT UNION-TREASURER	1 00			X				0	0	0
MICAH M MEYERS JR FRANKLIN-PRESIDENT	1 00			X				0	0	0
LARRY COGAN SOMERSET-PRESIDENT	1 00			X				0	0	0
DAVID WILLIAMS WAYNE-PIKE-VICE-PRESIDENT	1 00			X				0	0	0
WILMA ROLAR CUMBERLAND-SECRETARY	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
ALVIN DIAMOND FAYETTE-PRESIDENT	1 00			X				0	0	0
BRADLEY S ROHRER LANCASTER-VICE-PRESIDENT	1 00			X				0	0	0
CLAIR ESBENSHADE SNYDER-VICE-PRESIDENT	1 00			X				0	0	0
D DEAN CLAYCOMB BEDFORD-VICE-PRESIDENT	1 00			X				0	0	0
BARBARA JEAN SCHILL CLARION-VENANGO-FOREST-SECRETARY	1 00			X				0	0	0
DANIEL KNIFFEN CENTRE-VICE-PRESIDENT	1 00			X				0	0	0
DANIEL J PARK JEFFERSON-PRESIDENT	1 00			X				0	0	0
DANIEL J MCCLELLAND JEFFERSON-VICE-PRESIDENT	1 00			X				0	0	0
DALE SHUPP WYOMING-LACKAWANNA-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			
BONNIE L BECK CLINTON-SECRETARY/TREASURER	1 00			X				0	0	0
DAVID DELEON SUSQUEHANNA-VICE-PRESIDENT	1 00			X				0	0	0
DARRELL BECKER FAYETTE-TREASURER	1 00			X				0	0	0
AMY BENNER LANCASTER-SECRETARY/TREASURER	1 00			X				2,600	0	0
C ALLEN ISHLER CENTRE-PRESIDENT	1 00			X				0	0	0
ALQUIN F HEINNICKEL WESTMORELAND-PRESIDENT	1 00			X				0	0	0
CLINTON ALLEN FAYETTE-VICE-PRESIDENT	1 00			X				0	0	0
BARBARA ROBISON GREENE-SECRETARY/TREASURER	1 00			X				0	0	0
CYNTHIA KUNZ CRAWFORD-TREASURER	1 00			X				0	0	0
BARBARA WARBURTON BRADFORD-SULLIVAN-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			
DANIEL C MILLER CHESTER-DELAWARE-PRESIDENT	1 00			X				0	0	0
BARRY E BIVENS FULTON-VICE-PRESIDENT	1 00			X				0	0	0
BARBARA A STEPPE LYCOMING-TREASURER	1 00			X				0	0	0
CONNIE M TEEL WYOMING-LACKAWANNA-SECRETARY/TREASURER	1 00			X				800	0	0
CODY EDLING CENTRE-SECRETARY	1 00			X				0	0	0
CHRISTINE GREIG CRAWFORD-SECRETARY	1 00			X				0	0	0
CLINT FERGUSON FRANKLIN-SECRETARY/TREASURER	1 00			X				0	0	0
BETH FABIN INDIANA-VICE-PRESIDENT	1 00			X				0	0	0
BRETT REINFORD JUNIATA-VICE-PRESIDENT	1 00			X				0	0	0
DAVID L SNOOK CLINTON-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			
BARBARA J ROSZEL SUSQUEHANNA-TREASURER	1 00			X				0	0	0
BRIAN DETWILER BLAIR-VICE-PRESIDENT	1 00			X				0	0	0
CHRISTOPHER EVERETT CLEARFIELD-SECRETARY	1 00			X				0	0	0
CURTIS L MARTIN LEBANON-PRESIDENT	1 00			X				0	0	0
D RAY GEISSINGER JUNIATA-VICE-PRESIDENT	1 00			X				0	0	0
ALLAN J MCLAIN WYOMING-LACKAWANNA-VICE-PRESIDENT	1 00			X				0	0	0
BETHANY COURSEN CENTRE-TREASURER	1 00			X				0	0	0
CAROL J WALKER SOMERSET-SECRETARY	1 00			X				0	0	0
D DEAN CLAYCOMB BEDFORD-TREASURER	1 00			X				0	0	0
CAROLE A GRODACK WAYNE-PIKE-SECRETARY	1 00			X				1,800	0	0

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

(A) Name and Title	(B) Average hours per week (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 J GILLEN ELK-TREASURER	1 00			X				0	0	0
C ROSS GROOMS ARMSTRONG-VICE-PRESIDENT	1 00			X				0	0	0
BARBARA KYPER HUNTINGDON-SECRETARY/TREASURER	1 00			X				900	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135048817

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☐ 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	b (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 on 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" on 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.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	44,726		34,932	9,794
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				9,794

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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	155,691	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	155,691	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. 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. Liability for uncertain tax positions 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135048817

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

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

Part II **Fundraising Events.**
Complete if the organization answered "Yes" on 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 FAIR (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6,284	19,848		26,132
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	6,284	19,848		26,132
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,589	10,429		13,018
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,018
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				13,114

Part III **Gaming.**
Complete if the organization answered "Yes" on 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 Noncash 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 Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 conducted 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.** 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).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135048817

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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
See Additional Data Table							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) AGRICULTURAL SCHOLARSHIPS	46	33,024			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SEQUENCE 4	THERE ARE NO FORMAL PROCEDURES CURRENTLY IN PLACE

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PENNSYLVANIA FRIENDS OF AGRICULTURE FOUNDATION PO BOX 8736 CAMP HILL,PA 170018736	22-2699958	501(C)(3)	41,142				GENERAL SUPPORT
PENNSYLVANIA FARM BUREAU PO BOX 8736 CAMP HILL,PA 170018736	23-1382876	501(C)(5)	8,322				GENERAL SUPPORT
MONTGOMERY COUNTY FARM HOME & 4H 1015 BRIDGE ROAD SUITE H COLLEGEVILLE,PA 194261179	23-2298814	501(C)(3)	6,976				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135048817

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
PENNSYLVANIA FARM BUREAU (GROUP)	90-0155190

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DUE TO THE SMALL SIZE OF MANY OF THE COUNTY FARM BUREAUS, IT IS COMMON TO HAVE FAMILY RELATIONSHIPS BETWEEN BOARD MEMBERS THESE RELATIONSHIPS INCLUDE PARENT/CHILD, UNCLE/NEPHEW, SIBLINGS, COUSINS AND HUSBAND/WIFE THERE ARE OCCASIONALLY BUSINESS RELATIONSHIPS BETWEEN BOARD MEMBERS AS WELL HOWEVER, NONE OF THESE RELATIONSHIPS ARE SIGNIFICANT
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 7B	FIVE OF THE COUNTIES HAVE PROVISIONS IN PLACE THAT ALLOW MEMBERS TO OVERTURN BOARD DECISIONS IF THEY DO NOT AGREE WITH THEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	OF THE 54 COUNTIES THAT HAD COMMITTEES DURING THE YEAR, 9 DID NOT CONSISTENTLY 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST BY ALL OF THE COUNTIES THE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BY 5 COUNTIES, ARE DISTRIBUTED DURING MEETINGS (MONTHLY, SEMIANNUAL, ANNUAL) BY 42 COUNTIES AND ARE PUBLISHED IN THEIR NEWSLETTER BY 6 COUNTIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135048817

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PENNSYLVANIA FARM BUREAU (GROUP)

Employer identification number
90-0155190

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)PENNSYLVANIA FARM BUREAU 510 SOUTH 31ST STREET CAMP HILL, PA 17001 23-1382876	PROVIDE ASSISTANCE TO PENNSYLVANIA FARMERS AND THE AGRICULTURAL COMMUNITY	PA	501(C)(5)		N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on 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 related 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" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation