CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

	or the	2021 Calendar year, or tax year beginning OAIN 1, 2021 and	ending U	ON 30, 2021	
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	THE PENNSYLVANIA SOCIETY]	
	Name change	Doing business as		22-26882	74
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	139 FREEPORT ROAD		(215) 23	3-2650
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	171,402.
	Amend			H(a) Is this a group re	
	Application		R	for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
	01/ 01/0	mpt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)(3)$	or 527	1 ' '	list. See instructions
		mpt status. 22 301(c)(0)	01 321	-	
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	1 State of legal domicile: PA
		Summary	L Year	or formation. 1905 N	1 State of legal doffliche. FA
Га		Briefly describe the organization's mission or most significant activities: THE	DEMMCV	T WANTA COCT	EMV TC X
9	1	NON-PROFIT PATRIOTIC AND CHARITABLE ORGAL	<u>11 2 2 UL</u>	ON ECHNDED	EII IS W
lan	-				
err		Check this box if the organization discontinued its operations or dispose		1 1	
હ				3	28
۰		Number of independent voting members of the governing body (Part VI, line 1b)			28
ies	5	Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)			2
Ĭ₹		Total number of volunteers (estimate if necessary)			0
Activities & Governance		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
\perp	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e l	8	Contributions and grants (Part VIII, line 1h)		515,608.	171,300.
enr		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,754.	102.
- 1	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-16,136.	-5,150.
\Box	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		501,226.	166,252.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,000.	12,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Se l		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		341,129.	195,015.
Expenses	16 a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
× be	b	Fotal fundraising expenses (Part IX, column (D), line 25)	72.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		124,569.	73,751.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		477,698.	280,766.
	19	Revenue less expenses. Subtract line 18 from line 12		23,528.	-114,514.
or				ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		880,247.	801,635.
d B	21	Total liabilities (Part X, line 26)		48,604.	84,506.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		831,643.	717,129.
Pa	rt II	Signature Block			
Unde	r pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sign	n	Signature of officer		Date	
Here		EDWARD J SHEEHAN JR, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN
Paid	ŀ	EDWARD W. DORAN, CPA	<u> </u>	02/21/22 if self-employed	P00841330
Prep		Firm's name ISDANER & COMPANY, LLC	<u> </u>	Firm's EIN	23-6410283
Use		Firm's address THREE BALA PLAZA, SUITE 501 WES'	T		
	-	BALA CYNWYD, PA 19004-3484		Phone no. (6	10) 668-4200
Mav	the IF	S discuss this return with the preparer shown above? See instructions		1 2 3 3 2 3 3	X Yes No

Pai	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:
	THE PENNSYLVANIA SOCIETY IS A NON-PROFIT PATRIOTIC AND CHARITABLE
	ORGANIZATION FOUNDED IN 1899 TO ENCOURAGE THE IDEALS OF WILLIAM PENN
	AS EXPRESSED IN SERVICE TO THE COMMONWEALTH AND TO PEOPLE EVERYWHERE
_	AND FURTHER TO UNITE ALL PENNSYLVANIANS AT HOME AND AWAY IN BONDS OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 153,404. including grants of \$ 12,000.) (Revenue \$) CONTRIBUTIONS TO A CHARITABLE 501(C)(3) ORGANIZATION TO BE USED AS THE
	RECIPIENT ORGANIZATION DEEMS APPROPRIATE TO ACCOMPLISH THEIR CHARITABLE
	MISSION
	MISSION
	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	TO UNITE ALL PENNSYLVANIANS AT HOME AND AWAY THROUGH BONDS AND
	FRIENDSHIP THROUGH CHARITABLE WORKS
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 153,404.
	Form 990 (2021)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	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	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	Э		- 21
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ŭ	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			- V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	- 21	
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			, v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	- , , , , , , , , , , , , , , , , , , ,			

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Part IV | Checklist of Required Schedules (continued)

	officering of regarded contained			
20	Did the examination report more than \$5,000 of example or other assistance to or for demostic individuals on		Yes	No
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	х	ĺ
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			ĺ
	Schedule J	23	Х	ĺ
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	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		<u> </u>
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			ĺ
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		A
33	11 00 TO 100 TO	33		x
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and	33		<u> </u>
J-1	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Dr	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pa	rt 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
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		168	INO
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·····	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
р	If "Yes," enter the name of the foreign country				
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	1	Eo		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
			30		
ou	any contributions that were not tax deductible as charitable contributions?	I .	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····	- Ou		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	o the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	quired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	n 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		
9	Sponsoring organizations maintaining donor advised funds.				
а	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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ì			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				77
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
47	If "Yes," complete Form 4720, Schedule O.	- 1			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		4-7		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\lfloor X \rfloor$
Sec	tion 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 la			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 28			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion 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		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,	-	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	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			
	JULIEN SCRANTON - (215) 233-2650			
	139 FREEPORT ROAD, ASPINWALL, PA 15215			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JULIEN SCRANTON	45.00							455 554	•	20 200
EXECUTIVE DIRECTOR				Х				157,554.	0.	32,399.
(2) EDWARD J SHEEHAN, JR	5.00			l					0	
PRESIDENT		Х		Х				0.	0.	0.
(3) ELIZABETH PREATE HAVEY	2.00			l					0	
VICE PRESIDENT	4 00	Х		Х				0.	0.	0.
(4) DAVID L COHEN	4.00			l					•	•
SECRETARY		Х		Х				0.	0.	0.
(5) CHRISTINE TORETTI	2.00								0	
TREASURER	1 00	Х						0.	0.	0.
(6) GREGORY S BENTLEY	1.00								0	
COUNCILOR	1 00	Х						0.	0.	0.
(7) ROBERT J CIARUFFOLI, JR	1.00								0	
COUNCILOR	1 00	Х						0.	0.	0.
(8) NICHOLAS DEBENEDICTIS	1.00								0	
COUNCILOR	1 00	Х	_		_	_		0.	0.	0.
(9) LOUIS DENAPLES, JR	1.00								0	•
COUNCILOR	1 00	Х						0.	0.	0.
(10) EVAN S FRAZIER	1.00								0	•
COUNCILOR	1 00	Х						0.	0.	0.
(11) DANIEL J HILFERTY	1.00								•	
COUNCILOR	1 00	Х						0.	0.	0.
(12) WENDELL F HOLLAND	1.00								0	•
COUNCILOR	1 00	Х	_			_		0.	0.	0.
(13) MARIA SORDINI HUDACEK	1.00								0	
COUNCILOR	1 00	Х	_		_	_		0.	0.	0.
(14) CHARLES D HUMMER, III	1.00								_	_
COUNCILOR	1 00	Х	_		_	_		0.	0.	0.
(15) MICHAEL A INNOCENZO	1.00	,,							^	_
COUNCILOR	1 00	Х	_		_	_	\vdash	0.	0.	0.
(16) DUSTY E KIRK	1.00	,,							^	_
COUNCILOR	1 00	Х			_		\vdash	0.	0.	0.
(17) ROBERT M KRASNE	1.00	\ _{3,7}							0	_
COUNCILOR		Х						0.	0.	0. Form 990 (2021)

132007 12-09-21

Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe					
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c	Pos heck	more	than		Reportable	Reportable			timat	
	hours per week			ess pe nd a d				compensation	compensation			nount	
	(list any	JO:					Ė	from the	from related organizations			other	ation
	hours for	direct				,		organization	(W-2/1099-MISC	:/		om th	
	related	9e Or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	"		aniza	
	organizations	Individual trustee or director	Institutional trustee		yee	mbel		1099-NEC)	,		•	d rela	
	below	idual	tution	er	Key employee	est co	Jer.				orga	anizat	ions
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) MIKE MOLEWSKI	1.00												
COUNCILOR		Х						0.		0.			0.
(19) JOHN MORAN	1.00												
COUNCILOR		Х						0.		0.			0.
(20) TIMOTHY NECASTRO	1.00												
COUNCILOR		Х						0.		0.			0.
(21) BRIAN A NESTER	1.00												
COUNCILOR		Х						0.		0.			0.
(22) SANDRA SCHULTZ NEWMAN	1.00									コ			
COUNCILOR		Х						0.		0.			0.
(23) JEAN CRAIGE PEPPER	1.00									\neg			
COUNCILOR		Х						0.		0.			0.
(24) VELMA A REDMOND	1.00									\neg			
COUNCILOR		Х						0.		0.			0.
(25) TIM REEVES	1.00									ヿ			
COUNCILOR		Х						0.		0.			0.
(26) JOSEPH RESCHINI	1.00									一			
COUNCILOR		Х						0.		0.			0.
1b Subtotal	1							157,554.		0.	3	2,3	399.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								157,554.		0.	3	2,3	399.
Total number of individuals (including but n							ho r	eceived more than \$100	0.000 of reportable				
compensation from the organization						-,		• • • • • • • • • • • • • • • • • • • •	,				1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee. I	kev (emp	love	e. o	r hic	hest compensated emp	olovee on				
line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	_	, , ,	,		3		Х
4 For any individual listed on line 1a, is the su										···			
and related organizations greater than \$150	•							•	•		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				•			•		[5		Х
Section B. Independent Contractors	,				,								
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of comp	ensa	ation f	rom	
the organization. Report compensation for	•												
(A)	,							(B)	,		(C)	
Name and business	address	NO	INC	E				Description of s	ervices	Co	ompei		on
							\neg						
							\neg						
							\neg						
							\neg						
							\dashv						
2 Total number of independent contractors (i	ncludina hut n	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than				
\$100,000 of compensation from the organic					(0		,					
SEE PART VII, SECTION		rIi	JUZ	AT]	IOI	N S	SH	EETS			Form	990	(2021)

Form 990 THE PENN										
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per	È				ΓĖ	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ctor				od m		organization	(W-2/1099-MISC)	from the
	hours for	rdire				le d el		(W-2/1099-MISC)		organization
	related	stee o	ustee			en sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Ser	emp	hesto	Former			
	line)	Indi	Inst	Officer	Key	High	For			
(27) DEBORAH RICE-JOHNSON	1.00									
COUNCILOR		Х						0.	0.	0 .
(28) JAMES SCHULTZ	1.00									
COUNCILOR		Х						0.	0.	0 .
(29) SUSIE J SHAH	1.00									
COUNCILOR		Х						0.	0.	0 .
(30) KAREN WINNER SED	1.00									
COUNCILOR		Х						0.	0.	0 .
(31) PATRICIA WELLENBACH	1.00									
COUNCILOR		Х						0.	0.	0.
(32) F. JOHN WHITE	1.00								•	
COUNCILOR		Х						0.	0.	0 .
(33) LEROY S ZIMMERMAN	1.00									
COUNCILOR	1.00	X						0.	0.	0 .
COOKCIDOR		25		\vdash				0.	0.	0 (
		1								
			\vdash	\vdash		\vdash	\vdash			
		1								
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Pa	rt \	/ 111	_	or note to are the	o in this Dort \//!!			
			Check if Schedule O contains a response	or note to any iin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts	1	а	Federated campaigns 1a					
Sra our		b	Membership dues1b	111,700.				
is, (Am		С	Fundraising events1c	15,100.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
JS,		е	Government grants (contributions) 1e	44,500.				
er S		f	All other contributions, gifts, grants, and					
έξ			similar amounts not included above 1f					
ont od (_	Noncash contributions included in lines 1a-1f 1g \$		484 200			
<u>a</u>		h	Total. Add lines 1a-1f		171,300.			
				Business Code				
Program Service Revenue	2	а						
Servine		b						
m Sen		С						
gra Re		d						
Pro		e f	All other program service revenue					
		ď	Total. Add lines 2a-2f	T T				
	3		Investment income (including dividends, intere					
	-		other similar amounts)		102.			102.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
<u>o</u>		b	Less: cost or other basis					
enn		_	and sales expenses 7b					
Revenue		4	Gain or (loss) 7c Net gain or (loss)					
ē	l a		Gross income from fundraising events (not					
₽	ľ	_	including \$ 15,100. of					
			contributions reported on line 1c). See					
			Part IV, line 18	0.				
		b	Less: direct expenses 8b	5,150.				
		С	Net income or (loss) from fundraising events		-5,150.			-5,150.
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses 9b	L .				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		C	Net income or (loss) from sales of inventory	Business Code				
Snc	11	2	1	Dusiness Code				
ane	١.,	b						
Miscellaneous Revenue		C						
disc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	1	166,252.	0.	0.	-5,048.

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 respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	12 000	12 000		
	individuals. See Part IV, line 22	12,000.	12,000.		
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,	106 251	E0 402	27 222	10 625
	trustees, and key employees	106,351.	58,493.	37,223.	10,635
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F0 010	41 500	11 540	F 770
7	Other salaries and wages	58,812.	41,502.	11,540.	5,770
8	Pension plan accruals and contributions (include	2 205	1 (01	200	21 5
	section 401(k) and 403(b) employer contributions)	2,205.	1,681.	309.	215
9	Other employee benefits	16,062.	10,389.	4,086.	1,587
10	Payroll taxes	11,585.	7,078.	3,357.	1,150
11	Fees for services (nonemployees):				
а	Management	600		600	
b		620.		620.	
С		13,000.		13,000.	
d	Lobbying				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	,	20 540	0 045	20 404	1.60
	column (A), amount, list line 11g expenses on Sch O.)	32,710.	2,047.	30,494.	169
12	Advertising and promotion	10.000	2 2 5 4	4 000	600
13	Office expenses	10,820.	8,364.	1,829.	627
14	Information technology	1,235.	755.	358.	122
15	Royalties				
16	Occupancy	8,576.	5,338.	2,411.	827
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	367.		367.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	2 700	3,700.		
a	ANNUAL AND MEMBERSHIP E CREDIT CARD FEES	3,700.	2,057.	496.	170
b	CKEDIL CWKD LFF2	2,723.	4,05/•	490.	170
С					
d					
е	· — —	200 500	152 404	106 000	01 070
25	Total functional expenses. Add lines 1 through 24e	280,766.	153,404.	106,090.	21,272
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)				

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			189,438.	1	178,535
	2	Savings and temporary cash investments			613,236.	2	613,338
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		63,332.	4	1,435	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,115.	8	2,115
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		13,802.			
	b	Less: accumulated depreciation		13,029.	1,140.	10c	773
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		10.005	14	- 400	
	15	Other assets. See Part IV, line 11			10,986.	15	5,439
	16	Total assets. Add lines 1 through 15 (must ed			880,247.	16	801,635
	17	Accounts payable and accrued expenses	4,104.	17	17,486		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Lia		controlled entity or family member of any of the		F		22	
_	23	Secured mortgages and notes payable to unr			44,500.	23	67,020
	24	Unsecured notes and loans payable to unrela			44,500.	24	07,020
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24). Complete Part X		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			48,604.	26	84,506
	20	Organizations that follow FASB ASC 958, c			10,001.	20	01,500
es		and complete lines 27, 28, 32, and 33.	HECK HE				
anc	27	Net assets without donor restrictions	831,643.	27	717,129		
Bal	28	Net assets with donor restrictions			00=,0=0	28	,
pu		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
ž or	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			831,643.	32	717,129
_	33	Total liabilities and net assets/fund balances			880,247.	33	801,635.
	,						Form 990 (2021

Pa	rt XI Reconciliation 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				$\frac{52.}{66.}$				
2	2 Total expenses (must equal Part IX, column (A), line 25)									
3	3 Revenue less expenses. Subtract line 2 from line 1 3									
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4										
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 on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10		71'	7,1	29.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X				
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,							
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	o.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit							
	Act and OMB Circular A-133?			3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b						

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 22-2688274

THE PENNSYLVANIA SOCIETY

Pa	πı	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	⁷ 0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	et to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a		•	•		•	
		more publicly supported or						Check the box on
		lines 12a through 12d that						
а		Type I. A supporting orga						
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b		☐ Type II. A supporting org						
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						
С		Type III functionally inte						ed with,
		its supported organization		•				
d		Type III non-functionally						
		that is not functionally int	-		•		=	iveriess
е		requirement (see instruct Check this box if the orga						
C		functionally integrated, or					rype i, rype ii, rype iii	
f	Ente	er the number of supported of	• .	nany integrated support	ing organi	Lation.		
		ride the following information		ed organization(s).				- [
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, р.е.		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4,) = 0	(5) 25 15	(0) = 0 : 0	(3,) = 3 = 3	(6) 252 :	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")	632,752.	698,319.	572,702.	515,608.	171,300.	2590681.
2	Tax revenues levied for the organ-	-	-	-	-	-	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	632,752.	698,319.	572,702.	515,608.	171,300.	2590681.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						440,294.
	Public support. Subtract line 5 from line 4.						2150387.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 632, 752.	(b) 2018 698,319.	(c) 2019 572, 702.	(d) 2020 515,608.	(e) 2021 171,300.	(f) Total
7	Amounts from line 4	632,752.	698,319.	572,702.	515,608.	171,300.	2590681.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 405	0 260	4 560	4 854	100	п 000
	and income from similar sources	1,435.	2,369.	1,562.	1,754.	102.	7,222.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2597903.
	Total support. Add lines 7 through 10		,				2597903.
12	Gross receipts from related activities,					12	
13	•	-	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	. .
<u>Sa</u>	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2021 (column (f)\		14	82.77 %
	Public support percentage from 2020					15	82.24 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						. .
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets tl	ū				•	
	organization meets the facts-and-circ				-		▶ □
18	Private foundation. If the organization						s

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	siow, piease com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			1	` ` `	1	.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					1	
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's t	irot cocond third	fourth or fifth toy	Voor oo o coction	F01(a)(2) arganizat	ion
14	ala a di Alafa da arranal akam da ama	· ·			•		.ion,
500	check this box and stop here ction C. Computation of Publi		arcentage				
	Public support percentage for 2021 (li			oolumn (f))		15	9
	Public support percentage from 2020 etion D. Computation of Investigation					16	Ç
	·					17	
	Investment income percentage for 202						
	Investment income percentage from 2					18	17:
198	33 1/3% support tests - 2021. If the	-					I / IS NOT
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the	· ·			•	•	
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4a		
Alb		
4b		
4c		
5a		
5b		
5c		
33		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
IUU		

Par	t IV	Supporting Organizations (continued)			
		(control of the control of the contr		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 THE PENNSTLVANTA SOCIE			22-20002/4 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
FORM 990 SCHEDULE A
CURRENT YEAR IS SHORT YEAR FROM 1/1/21-6/30/21

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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

THE PENNSYLVANIA SOCIETY

Employer identification number 22-2688274

Par		Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		(In) Foundation of atheres are sounds
		(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	-	
	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose con	
Day			
Par		<u> </u>	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreation	· —	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified 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	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structu		2c
d	Number of conservation easements included in (c) acquired afte	r 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation easem	nent is located	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conserv	ation 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 s	atisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, r	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 furthe	erance of public
	service, provide in Part XIII the text of the footnote to its financia	I statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, t	o report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	nce 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 treasu		
	the following amounts required to be reported under FASB ASC	,	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions fo		Schedule D (Form 990) 2021

	t III Organizations Maintaining Co	llections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	ar Asse	e ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	at make si	gnificant	use of its	S	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll-	ections and explain	n how th	ney further t	the organizati	ion's exen	npt purpo	se in Pa	rt XIII.	
5	During the year, did the organization solicit or r									
	to be sold to raise funds rather than to be mair								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	on 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, custodiar	n or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C									
Par							0.			
	·	(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt vear end balanc	e (line 1	a. column (a)) held as:	<u> </u>			1	
a	Board designated or quasi-endowment	,	%	9, 00.0	۵,, ۱۱۵۱۵ ۵۵۱					
b	Permanent endowment	%								
c	Term endowment ▶ %									
·	The percentages on lines 2a, 2b, and 2c shoul									
За	Are there endowment funds not in the possess	•	ation tha	at are held a	and administe	ered for th	e organiz	ation		
-	by:	or the organization							Γ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	red on S	Schedule R?)				3b	
4	Describe in Part XIII the intended uses of the o									
	t VI Land, Buildings, and Equipme		WITIOTIE	idildo.						
1 011	Complete if the organization answered). Part I\	√. line 11a. \$	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	. value
	bescription of property	basis (investn			(other)		reciation	~	(u) Door	Value
12	Land	`	,	240.0	, ,	200				
	Land Buildings									
	Leasehold improvements							\dashv		
d	Equipment			1	3,802.		13,02	29.		773.
	Other			_	,					
	. Add lines 1a through 1e. (Column (d) must equ		X colur	nn (B) line '	10c)					773.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes"			-6
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	ot-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A) (B)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market valu
(1)	(-,	(-)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, col. (B) lin	0 1F \	•	
	e 15.)		
art X Other Liabilities.			
Other Liabilities. Complete if the organization answered "Yes"		1e or 11f. See Form 990, Part X, line 25.	
art X Other Liabilities.		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1		(b) Book value

132053 10-28-21

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				171 400
1	Total revenue, gains, and other support per audited financial statements			1	171,402.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,150.		
е	Add lines 2a through 2d			2e	5,150.
3	Subtract line 2e from line 1			3	166,252.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	166,252.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	285,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		5,150.		
е	Add lines 2a through 2d			2e	5,150.
3	Subtract line 2e from line 1			3	280,766.
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.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	280,766.
	t XIII Supplemental Information.			<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV lines 1h a	and 2h: Part V line	4· Part X	/ line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			τ, ι αιτ /	., IIIO 2, I alt AI,
111103	zu and 4b, and 1 art Art, lines zu and 4b. Also complete this part to provide any addr	tional imonin	ation.		
PAI	RT X, LINE 2:				
	•				
THI	SOCIETY IS EXEMPT FROM FEDERAL INCOME TAX	KES UNI	DER SECTIO	N 50	1(C)(3) OF
THI	E INTERNAL REVENUE CODE. PURSUANT TO FASB A	ACCOUNT	TING STAND	ARDS	
COI	DIFICATION TOPIC 740, THE SOCIETY RECOGNIZE	ES TAX	BENEFITS	ONLY	IF IT IS
MOI	RE LIKELY THAN NOT THAT A TAX POSITION WILI	BE SU	JSTAINED U	PON	
	AMINATION (INCLUDING THE SOCIETY'S ASSERTION				с тугмол
	MITMATION (INCHODING THE SOCIETY S ASSERTIO	N T.UY.	TIP THCO	ис Т	D EVENIEL

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

JUNE 30,2021.

FROM TAX). NO LIABILITY FOR UNCERTAIN TAX POSITIONS WAS RECORDED AS OF

SCHEDULE G (Form 990)

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, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE PENNSYLVANIA SOCIETY

Employer identification number

THE PEN	NSYLVANIA SOCIETY				22-2688	274		
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (inclu	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(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		
		Yes	No					
Total 3 List all states in which the organization	on is registered or licensed to solicit		. Dutions	s or has been notified	t it is exempt from "	egistration		
or licensing.	on is registered of illegrised to solicit	COLICIL	JULIOI I	o i ilas Decil HULIIIel	a it is evenibriionii te	ogisti atiOH		
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-		Schedule	G (Form 990) 2021		

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 (b) Event #2 (c) Other events

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ө			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	15,100.			15,100.
	2	Less: Contributions	15,100.			15,100.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(O	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment	- 4 - 0			- 4 - 0
	9	Other direct expenses	5,150.			5,150. 5,150.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-5,150.
Pa	rt I			n 990. Part IV. line 19. or		3,1301
		\$15,000 on Form 990-EZ, line 6a.			·	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through		NO NO		
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	roc garning income summary. Subtract lifle 7	nomine i, column (d)			<u> </u>
		er the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming and No," explain:				Yes No
		ere any of the organization's gaming licenses re			year?	Yes No

132082 10-21-21 Schedule G (Form 990) 2021

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.

d States , line 21 or 22.

OMB No. 1545-0047	2021	Open to Public	Inspection
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► Go to www.irs.gov/Form990 for the latest information.

varie of the organization THE PENNS	PENNSYLVANIA S	SOCIETY					Employer identification number $22-2688274$
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount criteria used to award the grants or assistance?	to substantiate the amour stance?	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	: funds in the Unite	ed 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.	Domestic Organ \$5,000. Part II car	izations and Domesti n be duplicated if addit	i c Governments. (tional space is nee	Somplete if the orgaded.	anization answered "\	res" on Form 990, Par	: IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organization	and government or	ganizations listed in th	is listed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

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THE PENNSYLVANIA SOCIETY

Page 2

22-2688274

Schedule I (Form 990) 2021 THE PENNSYLVANIA SOCIETY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(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 noncash assistance
	,		c		
BENJAMIN FRANKLIN AWARD - IST PLACE	T	.000,0	0		
BENJAMIN FRANKLIN AWARD - 2ND PLACE	1	4,000.	0.		
BENJAMIN FRANKLIN AWARD - 3RD PLACE		2,000.	• 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
132102 10-26-21		37			Schedule I (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

THE PENNSYLVANIA SOCIETY

Employer identification number 22-2688274

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53 4958-6(c)?	۱ ۹	1	

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Schedule J (Form 990) 2021

Page 2

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2021

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-	2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JULIEN SCRANTON	Ξ	157,554.	0	0	9,445.	22,954.	189,953.	0
EXECUTIVE DIRECTOR	€	0	0	0	0	0	0	0
	Ξ							
	(ii)							
	(3)							
	(iii)							
	(E)							
	(ii)							
	<u>(E)</u>							
	€							
	Ξ							
	€							
	Ξ							
	€							
	Ξ							
	(iii)							
	(i)							
	(ii)							
	(E)							
	(iii)							
	Ξ							
	<u></u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	<u>iii</u>							
	(i)							
	(iii							
	Ξ							
	<u></u>							
				C			Schedu	Schedule J (Form 990) 2021

Part III Supplemental Information

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE PENNSYLVANIA SOCIETY

Employer identification number 22-2688274

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENCOURAGE SERVICE TO THE COMMONWEALTH OF PA AND ITS CITIZENRY BY IMPROVING BONDS OF FRIENDSHIP AND CHARITABLE GOOD WORKS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRIENDSHIP AND DEVOTION TO PENNSYLVANIA THROUGH CHARITABLE WORKS

FORM 990, PART VI, SECTION A, LINE 6:

PER THE BYLAWS ARTICLE III MEMBERS - THE ORGANIZATION HAS ACTIVE MEMBERS BASED ON BEING A NATIVE OF PA, A DESCENDANT OF A NATIVE OF PA, PRESENTLY RESIDING OR HAS RESIDED IN PA FOR SEVEN YEARS, OR A GRADUATE OF A PA COLLEGE OR UNIVERSITY FOR AT LEAST THREE YEARS. IN ADDITION, THERE ARE HONORARY LIFE MEMBERS THROUGH BEING A RECIPIENT OF THE GOLD MEDAL AWARDED BY THE SOCIETY OR A DESIGNEE OF COUNCIL.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD PRESIDENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS SUBJECT TO THE REVIEW AND APPROVAL BY THE BOARD OR COUNCIL. BOARD MAY USE THIRD PARTIES FOR RESEARCH FROM COMPARATIVE ORGANIZATIONS TO DETERMINE COMPENSATION AND BENEFITS.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
THE PENNSYLVANIA SOCIETY	22-2688274
ORGANIZATION MAKES GOVERNING DOCUMENTS AND FINANCIAL STAT	EMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	2,047
MANAGEMENT AND GENERAL EXPENSES	494
FUNDRAISING EXPENSES	169
TOTAL EXPENSES	2,710
OTHER FEES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	30,000
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	30,000
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	32,710
FORM 990, PART XII LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR	