8879-FC

# IRS e-file Signature Authorization for an Exempt Organization

	-		_			
or calendar year 2017, or fiscal year beginning	${\sf JUL}$	1	, 2017, and ending	JUN	30	, 20 1 8

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2017

nternal Revenue Service	► Go to www.irs.gov/Form	8879EO for the latest information.		
Name of exempt organization			Employer i	dentification number
PENNSYLVANIA	FAMILY SUPPORT ALLIANCE		**_**	**8423
Name and title of officer				
ANGELA LIDDLE				
PRESIDENT AND Part   Type of	CEO Return and Return Information <sub>(Wh</sub>	olo Dollaro Only)		
	irn for which you are using this Form 8879-EO	**	m the return	a If you shook the boy
on line <b>1a, 2a, 3a, 4a,</b> or 5	ia, below, and the amount on that line for the related (do not enter -0-). But, if you entered -0- on	eturn being filed with this form was blank, th	hen leave lii	ne <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b>
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 9)	990, Part VIII, column (A), line 12)	1b	1,623,466.
2a Form 990-EZ check he		rm 990-EZ, line 9)		
3a Form 1120-POL check		)-POL, line 22)		
1a Form 990-PF check he		nt income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here	b Balance Due (Form 8868, lin	ne 3c)	5b _	
Part II Declara	tion and Signature Authorization of	Officer		
the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	of receipt or reason for rejection of the transmist applicable, I authorize the U.S. Treasury and its I institution account indicated in the tax preparastitution to debit the entry to this account. To rean 2 business days prior to the payment (settle ic payment of taxes to receive confidential information apersonal identification number (PIN) as my signification for the payment of taxes to receive confidential information in the payment of taxes to receive confidential information in the payment of taxes to receive confidential information in the payment of taxes to receive confidential information in the payment of taxes to receive confidential information in the payment of taxes are provided in the tax preparation in the ta	designated Financial Agent to initiate an eleation software for payment of the organizate evoke a payment, I must contact the U.S. Tement) date. I also authorize the financial insuration necessary to answer inquiries and	ectronic fur tion's federa Freasury Fir stitutions in resolve issu	nds withdrawal (direct al taxes owed on this nancial Agent at livolved in the lies related to the
Officer's PIN: check one	box only			
X I authorize BC	YER & RITTER, LLC		to enter my	PIN 59860
	ERO firm na	ne		Enter five numbers, bu do not enter all zeros
is being filed wit enter my PIN or	on the organization's tax year 2017 electronically a state agency(ies) regulating charities as part the return's disclosure consent screen.	rt of the IRS Fed/State program, I also auth	orize the af	orementioned ERO to
indicated within	the organization, I will enter my PIN as my sign this return that a copy of the return is being fil- nter my PIN on the return's disclosure consent	ed with a state agency(ies) regulating charit		
Officer's signature		Date		
Part III   Certifica	ition and Authentication			
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.	25167617050 Do not enter all zeros		
	meric entry is my PIN, which is my signature or ng this return in accordance with the requirement ss Returns.	n the 2017 electronically filed return for the		
ERO's signature 🕨		Date <b>&gt;</b>		
		s Form - See Instructions		
		ne IRS Unless Requested To Do S	So	

### Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2017 Open to Public Inspection

OMB No. 1545-0047

<u>A r</u>	or the	e 2017 calendar year, or tax year beginning $00011$ , $2017$ and endi	ng u	<u>UN 30, ∠UI</u>	0
<b>B</b> (a	heck if	C Name of organization		D Employer ident	ification number
	Addre chang Name				
	chang	e Doing business as		**_	***8423
	Initial return		n/suite	E Telephone num	
	Final return	2000 LINGLESTOWN RD 301	_	717	-238-0937
_	termir ated Amen			G Gross receipts \$	1,623,466.
Ļ	_return	HARRISBURG, PA 1/110		H(a) Is this a group	
	tion pendi	F Name and address of principal officer: ANGEDA DIDDLE		for subordinat	
_		SAME AS C ABOVE	7		s included? Yes No
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or	527	,	a list. (see instructions)
		te: WWW.PA-FSA.ORG		H(c) Group exemp	
	orm of	forganization: X Corporation Trust Association Other ►   Summary	L Year	of formation: 19/8	M State of legal domicile; PA
		Briefly describe the organization's mission or most significant activities: PENNSYL	.77 Z NT	TA FAMILY	מווסטסקיי
Se	'	ALLIANCE PROVIDES EDUCATION, SUPPORT, AND THE			
Jan	2	Check this box if the organization discontinued its operations or disposed or			
Veri	3	Number of voting members of the governing body (Part VI, line 1a)		1	3   16
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			4 15
∞ ′0	1 -	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 10
iţie	6	Total number of volunteers (estimate if necessary)		·····	6 75
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			'a 0.
ď		Net unrelated business taxable income from Form 990-T, line 34			'b 0.
		·		Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		1,227,762	. 1,316,978.
, u	9	Program service revenue (Part VIII, line 2g)		281,930	. 298,274.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,612	
<b>~</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,182	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,514,486	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,250	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		623,136	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)   135,023.			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		647,314	
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,276,700	
		Revenue less expenses. Subtract line 18 from line 12		237,786	
Net Assets or			Be	ginning of Current Yea	
Sset	20	Total assets (Part X, line 16)	. —	1,252,515	
et A	21	Total liabilities (Part X, line 26)	.	93,515 1,159,000	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,139,000	•  1,390,704•
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	etatomo	nte, and to the heet of	my knowledge and heliaf it is
	•	st, and complete. Declaration of preparer (other than officer) is based on all information of which pi		·	illy knowledge and belief, it is
uu,	COLLEC	is, and complete. Declaration of preparer (other than officer) is based on an information of which p	Герагег	lias any knowledge.	
Sigi		Signature of officer		Date	
Her		ANGELA LIDDLE, PRESIDENT AND CEO			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		LISA M. STATLER, CPA		if self-em	P00094609
	arer	Firm's name BOYER & RITTER, LLC		Firm's EIN	**-***1005
-	Only	Firm's address 211 HOUSE AVENUE		5 2114	
_		CAMP HILL, PA 17011		Phone no. 7	17-761-7210
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  PENNSYLVANIA FAMILY SUPPORT ALLIANCE PROVIDES EDUCATION, SUPPORT, AND
	TRAINING PROGRAMS TO MAKE PENNSYLVANIA SAFE FOR CHILDREN.
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 \$ 221,779. including grants of \$) (Revenue \$) (Revenue \$)
	PFSA WORKS WITH AGENCIES THROUGHOUT PENNSYLVANIA THAT ARE PROVIDING
	SUPPORT AND EDUCATION SERVICES TO CHILDREN AND FAMILIES. WE PROVIDE
	POSITIVE PARENTING MATERIALS, TRAINING ON SUPPORT GROUP FACILITATION
	AND SPECIALIZED PARENTING CURRICULUMS TO HELP PARENTS BE STRONG AND
	POSITIVE ROLE MODELS FOR THEIR CHILDREN. PFSA PROVIDES EDUCATIONAL
	OPPORTUNITIES TO SOCIAL SERVICE STAFF ON A VARIETY OF ISSUES SUCH AS
	THE IMPACT OF INCARCERATION ON CHILDREN, CHILD ABUSE RECOGNITION AND
	REPORTING AND THE IMPACT OF SUBSTANCE ABUSE DISORDER ON CHILDREN.
	PFSA DISSEMINATES INFORMATION ON PENDING CHILD WELFARE LEGISLATION AND BEST PRACTICES FOR WORKING WITH PARENTS AND GRANDPARENTS WHO ARE
	RAISING THEIR GRANDCHILDREN.
	RAISING THEIR GRANDCHILDREN.
4b	(Code:) (Expenses \$ 914,214. including grants of \$) (Revenue \$ 81,170.)
	PA'S CHILD PROTECTIVE SERVICES LAW IDENTIFIES CERTAIN PROFESSIONALS AND
	VOLUNTEERS AS MANDATORY REPORTERS OF CHILD ABUSE. PFSA PROVIDES
	TRAINING FOR MANDATED REPORTERS ON CHILD ABUSE RECOGNITION AND
	REPORTING SO THEY CAN BEST PROTECT PA'S CHILDREN, THEIR ORGANIZATION
	AND KNOW THEIR LEGAL PROTECTIONS AND LIABILITIES AS MANDATED REPORTERS
	OUTLINED IN THE LAW. TRAINING IS PROVIDED IN PERSON TO MORE THAN
	25,000 INDIVIDUALS ANNUALLY AND THOUSANDS MORE THROUGH A WEB BASED ON
	LINE PROGRAM. PFSA ADMINISTERS A TRAIN THE TRAINER PROGRAM TO ASSIST
	CHILD SERVING ORGANIZATIONS AND INSTITUTIONS PROVIDE PFSA'S CURRICULUM
	TO THEIR STAFF AND VOLUNTEERS WITH TRAINING AND TECHNICAL ASSISTANCE
	FROM PFSA STAFF AND CHILD WELFARE EXPERT TRAINERS.
4c	(Code:) (Expenses \$
	PFSA BELIEVES EVERY PERSON HAS A ROLE TO PLAY IN KEEPING CHILDREN SAFE,
	HOWEVER, MOST INDIVIDUALS DO NOT INSTINCTIVELY KNOW HOW TO RESPOND WHEN
	THEY FEEL A CHILD IS NOT SAFE. PFSA OFFERS COMMUNITY GROUPS A RESEARCH
	INFORMED TRAINING CALLED THE FRONT PORCH PROJECT DESIGNED TO GIVE CONCRETE EXAMPLES FOR INTERVENING IN PUBLIC OR IN THE COMMUNITY WHEN A
	CHILD IS AT RISK FOR MALTREATMENT.
	CHIDD IS AT RISK FOR MADIREATMENT.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 1,136,548.

## Form 990 (2017) PENNSYLVANIA FAMILY SUPPORT ALLIANCE 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	in 100, complete concease 2,			
	Part VI	11a	Х	
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	١		, v
	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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	in 100, complete constant p, r are x	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
<b>L</b>	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  1   1</del>		<del>  ^*</del>
b	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			<u> </u>
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
			000	

## Form 990 (2017) PENNSYLVANIA FAMILY SUPPORT ALLIANCE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		X
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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> _
	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 in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

732005 11-28-17

## Form 990 (2017) PENNSYLVANIA FAMILY SUPPORT ALLIANCE Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W2G included in line 1a, Enter-0°th not applicable   10   10   10   10   10   10   10   1				l		Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winning so prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, little for the calendar year ending with or within the year covered by this return  1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a If the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If 'Yes, 'this if filed a Form 990-T for this year? If 'No,' to file 8b, provide an explanation in Schedule O  3b 4A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxoble parry nority the organization file if more 886-17?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17?  5c If 'Yes,' to line 5a or 5b, did the organization file form 8886-17?  5d Opes the organization and gross receipts that are normally greater than \$100,000, and did the organization file form 8286-17?  5c If 'Yes,' to line the organization file form 8286-17?  5d Organization file organization file form 8286-17?  5d Organization file organization file form 8286-17?  5d Organization file organization file organization file form 8286-17?  5d Organization file organization file organization file form 8286-17?  5d Organiza	1a						
(agambling) winnings to prize winners?  2							
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  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  AD Iob. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3a Did the organization have unrelated business sposs income of \$1,000 or more during the year?  3a A tany time during the calendary vair, did the organization have an explanation in Schedule O  3b Interest the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3b Interest the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3c If Yes, has it filed a form 990-T for this year? If You, have file the sum of the foreign country and the sum of the foreign country. In Interest in, or a signature or other authority over, a financial account in a foreign country. In Interest in, or a signature or other authority over, a financial account in a foreign country. In Interest in, or a signature or other authority over, a financial account in a foreign country. In Interest in, or a signature or other authority over, a financial account in a foreign country. In Interest in a signature or other authority over, a financial account in a fi	С					77	
field for the calendar year ending with or within the year covered by this return  If all lasts one is reported on line 2.a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2.a is greater than 250, you may be required to e-nip (See instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more during the year?  40. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts?  41. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts?  42. At any time during the calendar year, did the organization that was or is a party to a prohibition for the properties of the properti	_		 I	 I	1c	X	
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	α	ii res, rias it liled a Form (20 to report these payments? If "No." provide an explanation in Schedule	eυ			990	(2017\

Page 6 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 in Schedule O. See instructions.

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  1 three are material differences in voting rights among members of the governing body, or if me governing body, or if me governing body deligible thread authority to an exocutive committee or similar committee, explain in Schedule 0.  1 b Enter the number of voting members included in line 1st, ablow, who are independent in Schedule 0.  2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person?  3 Did the organization have garden control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization have members, stockholders or this governing or other person?  4 Did the organization have members, stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A vary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization while authority to act on behalf of the governing body?  5 Did the organization and authority to act on behalf of the governing body?  5 In the any officer, director, trustee, or ey employee listed in Part VII, Section A, who cannot be reached at the governing body?  5 In the company officer, director, surface, or explained and or written actions undertaken during the year by the following and part of the person of	<u> </u>							X		
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in Schedule O how this was done  12c  X  13  Did the organization have a written whistleblower policy?  14  Did the organization have a written document retention and destruction policy?  15  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20  State the name, address, and telephone number of the person who possesses the organization's books and records: ANGELA LIDDLE - 7172380937					····					
13		in Schedule O how this was done	, ,			12c	X			
14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b ■  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶PA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANGELA LIDDLE - 7172380937	13	5			- [	13	Х			
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<ul> <li>X Own website X Another's website X Upon request</li></ul>			. 1000110	22 . (3)(3)3 011	.,,		-			
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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:  ANGELA LIDDLE - 7172380937	19				and f	inanc	ial			
State the name, address, and telephone number of the person who possesses the organization's books and records: ►  ANGELA LIDDLE - 7172380937	.5				and I	iai io	ıaı			
ANGELA LIDDLE - 7172380937	20	, , ,	nke and	records:						
	20		ons and							
			110							

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		T an			174140		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e 0r	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** =* ** = ** ** ** ** ** ** ** ** ** **		and related
	below	idual	tution	ь	Key employee	est co	ıer			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) ANGELA LIDDLE	40.00									
PRESIDENT AND CEO		Х		X				127,998.	0.	11,361.
(2) JENNIFER DOYLE	3.00									
BOARD PRESIDENT		Х		X				0.	0.	0.
(3) ERICA WEILER-TIMMINS PHD	3.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) MICHAEK SUCHANICK	3.00									
TREASURER		Х		X				0.	0.	0.
(5) BRITTA SCHATZ	3.00									
SECRETARY		Х		X				0.	0.	0.
(6) JOHN LAWN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SEAN M. MCCORMACK	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JIM REDMOND	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TERRY CLARK	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL GAINES	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MAUREEN FAIRBANKS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SUZANNE KINSKY	3.00									
BOARD MEMBER		Х						0.	0.	0.
(13) J. PAUL HELVY	3.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ANITA KULICK	3.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JENNIFER CLARKE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CECELIA CONNELLY-WEIDA	3.00									
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2017)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	١,,		Pos	itior			Reportable	Reportable		Est	imate	ed :
	hours per					than		compensation	compensation	.		ount o	
	week	offi	cer ar	d a di	irecto	or/trus	tee)	from	from related		(	other	
	(list any	ector						the	organizations		comp	ensa	tion
	hours for	or dir	a a			ted		organization	(W-2/1099-MISC	2)	fro	om the	Э
	related	stee	ruste			bensa		(W-2/1099-MISC)			•	anizati	
	organizations below	ıal tru	onal 1		oloye	E 8						relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
		드	드	JO.	₹ e	물등	요			$\dashv$			
		1											
						$\vdash$				$\dashv$			
		1											
										$\exists$			
		1											
						-				$\dashv$			
		1											
										$\dashv$			
		1											
										$\dashv$			
		1											
						-				$\dashv$			
		1											
1b Sub-total				l	<u> </u>	I		127,998.		0.	11	.,36	51.
c Total from continuation sheets to Part VI								0.		0.		, , ,	0.
d Total (add lines 1b and 1c)							<b>•</b>	127,998.		0.	11	.,36	51.
2 Total number of individuals (including but r							o re	•	000 of reportable				
compensation from the organization													1
										r		Yes	No
3 Did the organization list any former officer	director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the su													v
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual	dual far comicae	}	4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors	<u>ipietė Scrieduii</u>	e J 1	or st	ICH Ļ	bers	OH				···	<u> </u>		
Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	ensat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.				
(A)	- dalor -			_				(B)		_	(C		
Name and business	address	N	ONE	<u> </u>				Description of s	services		omper	isatior	1
-													
							$\dashv$						
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >				(	)							
											_ (	aan /	

\*\*-\*\*\*8423

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ပ္ ပ	1 a	Federated campaigns	1a					3.2 3.1
ant		Membership dues						
۾ ۾		Fundraising events						
ifts ir A		Related organizations						
nis, Dist		Government grants (contributi		132,656.				
Sis		All other contributions, gifts, grant		•				
ber		similar amounts not included abov		184,322.				
텵	g	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,316,978.			
				Business Code				
ø	2 a	EDUCATIONAL MAT	ERIALS	624100	260,668.	260,668.		
Program Service Revenue	b	CONFERENCES		624100	24,481.	24,481.		
Sel	С	AFFILIATION FEE	S	624100	13,125.	13,125.		
an	d							
ogr B	е							
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>	298,274.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		<b>&gt;</b>	7,567.			7,567.
	4	Income from investment of tax	c-exempt bond p	roceeds				
	5	Royalties		<b></b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	1					
		Gain or (loss)						
		Net gain or (loss)		·····				
nue	8 a	Gross income from fundraising including \$	•					
Other Reven		contributions reported on line						
Ä		Part IV, line 18	а					
the	b	Less: direct expenses						
0	С	Net income or (loss) from fund	raising events	<u></u>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
,		Miscellaneous Revenue	e	Business Code				
	11 a							<u> </u>
	b							
	С			00000	C 4 7	C 4 17		<del>                                     </del>
		All other revenue		-	647. 647.	647.		
		Total Add lines 11a-11d			1,623,466.	298,921.	0.	7,567.
J	12	Total revenue. See instructions.			<b>止,U4J,4U0。</b>	<b>430,341</b> •	U •	1,301.

## Form 990 (2017) PENNSYLVANIA FAMILY S Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		_		
_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 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				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	143,896.	107,922.	20,146.	15,828.
6	Compensation not included above, to disqualified	·		·	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	389,107.	299,071.	10,176.	79,860.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,011. 40,135.	8,915. 30,101.	443.	1,653.
9	Other employee benefits	40,135.	30,101.	5,619.	1,653. 4,415.
10	Payroll taxes	39,875.	30,177.	2,402.	7,296.
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,833.		3,833.	
	Accounting	11,950.		11,950.	
d	Lobbying	36,994.	36,994.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	75,572.	39,330.	34,589.	1,653.
12	Advertising and promotion	95,549.	95,549.	0 640	6 505
13	Office expenses	61,710.	46,283.	8,640.	6,787. 3,030.
14	Information technology	26,835.	19,948.	3,857.	3,030.
15	Royalties	67 262	E0 E22	9,431.	7 /10
16	Occupancy	67,363. 13,173.	50,522. 9,880.	1,844.	7,410. 1,449.
17	Travel	13,1/3.	9,000.	1,044.	1,449.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	15,821.	15,821.		
19 20		13,021.	13,021.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,278.	43,876.	3,025.	2,377.
23	Insurance	15,123.	11,342.	2,117.	1,664.
24	Other expenses. Itemize expenses not covered		,	=,==::	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MANDATED REPORTER TRAIN	158,340.	158,340.		
b	EDUCATIONAL MATERIALS	95,420.	95,420.		
С	BAD DEBT EXPENSE	15,161.	15,161.		
d	PROGRAM SUPPLIES	10,975.	10,975.		
е	All other expenses	14,561.	10,921.	2,039.	1,601.
25	Total functional expenses. Add lines 1 through 24e	1,391,682.	1,136,548.	120,111.	135,023.
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)				000

Form 990 (2017)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			919,946.	2	1,431,791.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			220,509.	4	194,936.
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	B			16,424.	9	16,542.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	361,355. 249,354.			
	b	Less: accumulated depreciation	l l	249,354.	90,821.	10c	112,001.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,815.	15	4,815.
	16	Total assets. Add lines 1 through 15 (must equa			1,252,515.	16	1,760,085.
	17	Accounts payable and accrued expenses			37,037.	17	87,716.
	18	Grants payable				18	
	19	Deferred revenue			48,500.	19	281,585.
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D	7,400.	21	
Se	22	Loans and other payables to current and former					
Ĭ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		·····		22	
_	23	Secured mortgages and notes payable to unrela			578.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			00 545	25	260 201
	26	Total liabilities. Add lines 17 through 25			93,515.	26	369,301.
		Organizations that follow SFAS 117 (ASC 958)		k here 🕨 🔼 and			
es		complete lines 27 through 29, and lines 33 and			1 106 647		1 220 224
anc	27	Unrestricted net assets			1,126,647.	27	1,338,334.
Bala	28	Temporarily restricted net assets		·····	32,353.	28	52,450.
l bu	29					29	
Ē		Organizations that do not follow SFAS 117 (AS	SC 958	), check here			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			1 1 5 0 0 0 0	32	1 200 704
Z	33				1,159,000.	33	1,390,784.
	34	Total liabilities and net assets/fund balances			1,252,515.	34	1,760,085.

Form	990 (2017) PENNSYLVANIA FAMILY SUPPORT ALLIANCE	**.	-***8423	Pa	ge <b>12</b>
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	1,623		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,391	L,6	82.
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,159	9,0	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,390	7, 0	84.
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 in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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

2017

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*8423 PENNSYLVANIA FAMILY SUPPORT ALLIANCE Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	878,785.	975,953.	1034836.	1227762.	1316978.	5434314.
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	878,785.	975,953.	1034836.	1227762.	1316978.	5434314.
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)						140,905.
6	Public support. Subtract line 5 from line 4.						5293409.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	878,785.	975,953.	1034836.	1227762.	1316978.	5434314.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,553.	2,986.	2,983.	3,362.	7,567.	20,451.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						5454765.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,459,679.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I		•	* * * * * * * * * * * * * * * * * * * *		14	97.04 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	97.04 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	<b>stop here.</b> The organization qualifies		•				
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual		• • •				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-	•		-		
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		•		•		,
	organization meets the "facts-and-circ			•	,		<b>.</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· ▶∟

#### 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
6	Total. Add lines 1 through 5						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	•		•	•	. , . ,	·
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	. 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
За		
3b		
3c		
4 -		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
_		
8		
_		
9a		
9b		
30		
9с		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
				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 in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
_		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		nizations 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	_		
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	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			
_		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [	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			
		nization'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			
	-	nization'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	_		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), 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	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	_	
2		ities Test. Answer (a) and (b) below.	ĺ	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
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		

5	Income tax imposed in prior year	5		
3	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	ization (see
	instructions).			

<u>2</u> 3

4

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2017

Enter 85% of line 1

Enter greater of line 2 or line 3

3

	DENINGVI VANTA		711 TANGE +	*-***8423 Page 7
	dule A (Form 990 or 990-EZ) 2017 PENNSYLVANIA 1  † V   Type III Non-Functionally Integrated 509(			*-***8423 Page 7
		aj(o) Supporting Orga	inizations (continued)	O
	on D - Distributions	mat numacaca		Current Year
1	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2		t purposes of supported		
	organizations, in excess of income from activity	a of augmented examination		
3_4	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ie organization is responsive		
	(provide details in Part VI). See instructions.			
_9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		I	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>-</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 PENNSYLVANIA FAMILY SUPPORT ALLIANCE

\*\*-\*\*\*842<u>3 Page 8</u>

### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

Organization type (check one):

**Employer identification number** 

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

\*\*-\*\*\*8423

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Filers of:	Section:				
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. <b>General Rule</b>					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under l)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; D-EZ, line 1. Complete Parts I and II.				
year, total con	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
year, contribut is checked, en purpose. Don	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$				
but it <b>must</b> answer "No	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

#### PENNSYLVANIA FAMILY SUPPORT ALLIANCE

\*\*-\*\*\*8423

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH OF PENNSYLVANIA DEPT OF PUBLIC WELFARE  PO BOX 2675  HARRISBURG, PA 17105-2675	\$ 272,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMONWEALTH OF PENNSYLVANIA DEPT OF PUBLIC WELFARE  1401 N 7TH STREET 4TH FL HARRISBURG, PA 17105-2675	. \$ 793,549.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BERKS COUNTY INTERMEDIATE UNIT  1111 COMMONS BLVD, PO BOX 16050  READING, PA 19612-6050	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE STABLER FOUNDATION  PO BOX 1146  HARRISBURG, PA 18108-1146	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ -   \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### PENNSYLVANIA FAMILY SUPPORT ALLIANCE

\*\*-\*\*\*8423

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
[		<del></del>	

Exclusively religious, charitable, etc., conti	ALLIANCE ributions to organizations described i	**-**8423 in section 501(c)(7), (8), or (10) that total more than \$1,000 for
the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow , charitable, etc., contributions of \$1,000 or I	Wing line entry. For organizations less for the year. (Enter this info. once.)
Use duplicate copies of Part III if additiona	al space is needed.	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferoe's name address at	(e) Transfer of gift	t  Relationship of transferor to transferee
Transferee 3 hame, address, an		Ticiationship of transferor to transferoe
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of giff	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of giff	t
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	the year from any one contributor. Complete columns (a) through (e) and the follocompleting Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (g) Use of gift  (h) Purpose of gift

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization			Empl	oyer identification number
PENNSYL	VANIA FAMILY SUP	PORT ALLIANO	CE	**-**8423
Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 or	ganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campa</li> </ol>	tures		<b></b> ▶\$	
Part I-B Complete if the org	ganization is exempt und	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b></b> \$	
2 Enter the amount of any excise tax				
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV.				V/5
Part I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>
<ul> <li>2 Enter the amount of the filing organ exempt function activities</li> <li>3 Total exempt function expenditures line 17b</li> <li>4 Did the filing organization file Form</li> <li>5 Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If</li> </ul>	s. Add lines 1 and 2. Enter here an	nnd on Form 1120-POL N) of all section 527 po d from the filing organiz a separate political orga	litical organizations to which zation's funds. Also enter the anization, such as a separate	Yes No n the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017  Part II-A   Complete if the org					***8423 Page 2 ection under
section 501(h)).		•		•	
A Check ▶ ☐ if the filing organiza	tion belongs to an a	affiliated group (and list in	n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and shar	e of excess lobbyin	g expenditures).			
B Check ▶ ☐ if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.		
	ts on Lobbying Ex ditures" means am	penditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinio	n (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
<b>d</b> Other exempt purpose expenditure					
e Total exempt purpose expenditure		- N			
f Lobbying nontaxable amount. Enter	`	,			
If the amount on line 1e, column (a) o		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000		,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc ,000 plus 10% of the exc			
Over \$1,000,000 but not over \$1,5			· / / /		
	,	,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	] \$1,00	00,000.			
# Crassrate pentagable amount (an	tor OEO/ of line 16				
g Grassroots nontaxable amount (en	•				
h Subtract line 1g from line 1a. If zer			[		
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze reporting section 4911 tax for this		or line 1i, did the organiz			Yes No
		Averaging Period Under			
(Some organizations the		501(h) election do not	• •	f the five columns b	elow.
· · · · · · ·	See the sep	arate instructions for li	nes 2a through 2f.)		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					
. Gradorooto lobbyling experialtares					_1

Schedule C (Form 990 or 990-EZ) 2017

### Schedule C (Form 990 or 990-EZ) 2017 PENNSYLVANIA FAMILY SUPPORT ALLIANCE \*\*-\*\*8423 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	p)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	37	Х	2.0	- 004
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	77	3.0	5,994.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
!	Other activities?		Λ	3.6	,994.
J	Total. Add lines 1c through 1i		Х	30	,,,,,,,,
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6).	(.)(.	-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3 ie
	answered "Yes."	140, 011	(b) i dit	A,c	, 0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
nstru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

#### **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 Open to Public Inspection

Name of the organization

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

**Employer identification number** \*\*-\*\*\*8423

	organization answered "Yes" on Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) Fullus and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	ting that the coasts hold in denot advi	
	Did the organization inform all donors and donor advisors in wri	-	
	are the organization's property, subject to the organization's ex		
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or d		
Par		nization answered "Yes" on Form 990	
	Purpose(s) of conservation easements held by the organization		Tarriv, mo 7.
•	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space	i reservation or a ce	Timed historic structure
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	a conservation contribution in the form	Held at the End of the Tax Yea
	Number of conservation easements on a certified historic struct		
	Number of conservation easements included in (c) acquired after		
_	listed in the National Register	•	
3	Number of conservation easements modified, transferred, relea		
•	year ►	ood, extinguioned, or terminated by the	o organization daring the tax
4	Number of states where property subject to conservation easer	ment is located	
	Does the organization have a written policy regarding the period		-
	violations, and enforcement of the conservation easements it he		
	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	<b>&gt;</b>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enforcing conserva	ation easements during the vear
	<b>▶</b> \$	3	3 ,
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	•	·
	conservation easements.		ğ ç
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	If the organization received or held works of art, historical treasi		
	the following amounts required to be reported under SFAS 116		
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2017 PENNSYL	VANIA FAMILY S	UPPORT ALLIAN	NCE **-	***8423 Page	2
Par						
3	Using the organization's acquisition, accession	on, and other records, check	any of the following tha	t are a significant use of	its collection items	
	(check all that apply):					
а	Public exhibition	d	Loan or exchange progr	ams		
b	Scholarly research	е 🗌	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ellections and explain how the	ney further the organization	on's exempt purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations of art, hi	storical treasures, or othe	er similar assets		
	to be sold to raise funds rather than to be ma				Yes No	3
Par	t IV Escrow and Custodial Arran		e organization answered	"Yes" on Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.				_
1a	Is the organization an agent, trustee, custodi					
	on Form 990, Part X?				Yes X No	3
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:			_
					Amount	_
						_
	Additions during the year					_
е	Distributions during the year					_
f	Ending balance					_
	Did the organization include an amount on Fo			*	Yes X No	)
Par	If "Yes," explain the arrangement in Part XIII.					_
Fai	t V Endowment Funds. Complete i					_
		(a) Current year (b) F	Prior year (c) Two yea	ars back (d) Three years b	ack (e) Four years back	
_	Beginning of year balance					_
b	Contributions					_
	Net investment earnings, gains, and losses					_
d	Grants or scholarships					_
е	Other expenditures for facilities					
	and programs					-
	Administrative expenses					-
g	End of year balance					-
2	Provide the estimated percentage of the curr	·	g, column (a)) neid as:			
_	Board designated or quasi-endowment	% %				
b	Permanent endowment	% %				
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c shows the percentages of the percentage of the percentages of the percentages of the percentage					
20	Are there endowment funds not in the posse	•	at are held and administs	rad for the arganization		
Sa	·	ssion of the organization tha	it are neid and administe	red for the organization	Yes No	_
	by: (i) unrelated organizations					<u>'</u>
	(**)				ا ایما	-
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as required on S				-
b ⊿	Describe in Part XIII the intended uses of the				on	-
Par			unus.			-
	Complete if the organization answere		/. line 11a. See Form 990	). Part X. line 10		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value	-
	besomption of property	basis (investment)	basis (other)	depreciation	(u) Dook value	
		· · · · · · · · · · · · · · · · · · ·	,,,,,	<u> </u>	<b> </b>	_

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		361,355.	249,354.	112,001.
е	Other				
	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X. colun	nn (B), line 10c.)	<b>&gt;</b>	112,001.

Schedule D (Form 990) 2017

	A FAMILY SUPE	ORT ALLIANCE **	-***8423 Page
Part VII Investments - Other Securities.	5 000 B 1 N 1	141 0 5 000 5 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	1	l of year market value
	(b) book value	(c) Method of valuation: Cost or end	i-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)		+	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	

1.	(a) Description of liability	<b>(b)</b> Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI	Recond	ciliation	of Revenue	per Aud	dited F	inancial	<b>Statements</b>	With	Revenue	per Retur	n.

rai					
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,884,135.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	260,669.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	260,669.
3	Subtract line 2e from line 1			3	1,623,466.
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			
				l	0.
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)		5	1,623,466.
5		.)		5	1,623,466.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.) atements With		5	1,623,466. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	) <b>atements With</b> ne 12a.	Expenses per F	5	1,623,466.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	) <b>atements With</b> ne 12a.	Expenses per F	5 Returi	1,623,466. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With	Expenses per F	5 Returi	1,623,466. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	atements With ne 12a.	Expenses per F	5 Returi	1,623,466. n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	atements With ne 12a.  2a 2b	Expenses per F	5 Returi	1,623,466. n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c	Expenses per F	5 Returi	1,623,466. n. 1,652,351.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)	2a 2b 2c 2d	260,669.	5 Returi	1,623,466. n. 1,652,351. 260,669.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	260,669.	5 Return	1,623,466. n. 1,652,351.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)	2a 2b 2c 2d	260,669.	5 Return	1,623,466. n. 1,652,351. 260,669.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	260,669.	5 Return	1,623,466. n. 1,652,351. 260,669.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	260,669.	5 Return	1,623,466. n. 1,652,351. 260,669.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	260,669.	5 Return	1,623,466. n. 1,652,351. 260,669.

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ALLIANCE FOLLOWS THE PROVISIONS OF FASB'S INCOME TAX TOPIC OF THE ASC
WHICH REQUIRES AN ASSESSMENT OF THE ALLIANCE'S EXPOSURE TO INCOME TAXES AT
THE ENTITY LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT
AND PREVIOUSLY FILED TAX RETURNS. EXAMPLES OF TAX POSITIONS TAKEN AT THE
ENTITY LEVEL INCLUDED CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION
AND THE EXISTENCE OF UNRELATED BUSINESS TAXABLE INCOME ARISING FROM THE
CONDUCT OF UNRELATED BUSINESS ACTIVITIES. ANY TAX BENEFITS ASSOCIATED WITH
UNCERTAIN TAX POSITIONS THAT ARE IN EXCESS OF A REALIZATION THRESHOLD MUST
BE RECORDED AS A LABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE FINANCIAL
STATEMENTS, INCLUDING ANY ASSOCIATED INTEREST AND PENALTIES. PRESENTLY,
MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

**Employer identification number** \*\*-\*\*\*8423

Schedule O (Form 990 or 990-EZ) (2017)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PENNSYLVANIA SAFE FOR CHILDREN. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE BOARD TREASURER AND THE FINANCE COMMITTEE. FULL BOARD IS ABLE TO REVIEW THE 990 WHEN IT IS PRESENTED IN FINAL FORM DURING A BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED EACH YEAR AND DISCLOSURE STATEMENTS ARE SIGNED BY SEPTEMBER OF EACH FISCAL YEAR FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE CONDUCTS A STATEWIDE WAGE AND SALARY REVIEW EVERY OTHER YEAR. THIS INCLUDES SURVEYS, CALLS AND COMPREHENSIVE RESEARCH. THE COMMITTEE MAKES A RECOMMENDATION AND GIVES IT TO THE FINANCE COMMITTEE FOR BUDGET DEVELOPMENT. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST ALONG WITH THE CONFLICT OF INTEREST POLICY. THE FINANCIAL STATEMENTS ARE AVAILABLE VIA AN ANNUAL REPORT ON THE ORGANIZATION'S WEBSITE. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS MADE NO CHANGES TO THE PROCESS BY WHICH THE AUDIT

COMMITTEE OVERSEES THE AUDIT OR SELECTS AN INDEPENDENT AUDITOR.

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

Schedule O (Form 990 or 9	990-EZ) (2017)					Page 2
Name of the organization	PENNSYLVANIA	FAMILY	SUPPORT	ALLIANCE	Employer identifice * * - * * * 8	cation number 423
_						

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

990

PENNSYLVANIA FAMILY SUI	PPORT ALI	LIANCE FO	RM 990 P	AGE 10		**-***8423
Part I Election To Expense Certain Property	Under Section 17	'9 Note: If you have any	listed property, o	complete Part	V before y	ou complete Part I.
1 Maximum amount (see instructions)					1	510,000.
2 Total cost of section 179 property placed	d in service (see	instructions)			2	
3 Threshold cost of section 179 property b	efore reduction	in limitation			3	2,030,000.
4 Reduction in limitation. Subtract line 3 from	om line 2. If zero	or less, enter -0-			4	
5 Dollar limitation for tax year. Subtract line 4 from line 1.	If zero or less, enter -	0 If married filing separately, se	instructions		5	
6 (a) Description of prop	erty	(b) Cost (but	siness use only)	(c) Elected	cost	
			,			
7 Listed property. Enter the amount from li						
8 Total elected cost of section 179 propert						
9 Tentative deduction. Enter the smaller of						
10 Carryover of disallowed deduction from I					10	
<b>11</b> Business income limitation. Enter the sm		·				
12 Section 179 expense deduction. Add line					12	
13 Carryover of disallowed deduction to 20			▶  13			
Note: Don't use Part II or Part III below for lis		·				
Part II Special Depreciation Allowan		•		• •		
<b>14</b> Special depreciation allowance for qualif				_		
the tax year						
15 Property subject to section 168(f)(1) elec	tion					
Part III MACRS Depreciation (Don't in		norty \ (Coo instructions			16	
MACRS Depreciation (Don't	nciude listed pro		.)			
47.144.000.1.1.11.11.11.11.11.11.11.11.11.11.1		Section A	_		47	42,699.
17 MACRS deductions for assets placed in	-	• •			17	42,099.
18 If you are electing to group any assets placed in service		e During 2017 Tax Year		ral Deprecia	tion Syste	m
Occilon B - Addets I	(b) Month and	(c) Basis for depreciation		Deprecia	Oyste	<u> </u>
(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	'	(g) Depreciation deduction
19a 3-year property		43,000		SL	SL	1,194.
<b>b</b> 5-year property		27,458	. 5	SL	SL	5,385.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
- residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	
Section C - Assets Pla	aced in Service	During 2017 Tax Year I	Jsing the Altern	ative Deprec	iation Syst	iem
20a Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	
Part IV Summary (See instructions.)					1	<b>F</b>
21 Listed property. Enter amount from line 2					21	
22 Total. Add amounts from line 12, lines 1						40 000
Enter here and on the appropriate lines of			ations - see instr.		22	49,278.
23 For assets shown above and placed in so	ū	current year, enter the	23			

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Nο Yes (b) (c) (e) (i) (f) (g) (h) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · % S/L · % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 \_\_\_\_\_ Yes Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (f) (a) (c) (d) (e) Amortization Description of costs Date amortization Amortizable Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2017 tax year 43 43 Amortization of costs that began before your 2017 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

# **Charitable Organization Registration Statement**

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certifi	cate number: 3665 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:				
Fiscal	year ended: 06/30/2018  MM DD YYYY	Organization is exempt from registration because				
FEIN:	**-***8423	Organization does not solicit contributions in Pennsylvania				
1.	Legal name of organization: PENNSYLVANIA FAI	MILY SUPPORT ALLIANCE				
	Check if name change and give previous name					
2.	All other names used to solicit contributions:					
3.	Contact person: ANGELA LIDDLE	Contact's E-mail: ALIDDLE@PA-FSA.ORG				
4.	Physical address of organization:	Mailing address: (If different than physical)				
	2000 LINGLESTOWN RD, NO. 301					
	HARRISBURG					
	PA 17110					
	County: DAUPHIN	Phone number: 717-238-0937				
	800 number: 800-434-4906	Fax number: 717-238-4315				
	Email (if different than Contact's email):					
	Website: WWW.PA-FSA.ORG					
5.	Type of organization (e.g. non-profit corporation, unincorp NON-PROFIT CORPORATION	orated association, etc.):				
	Where established: PA	Date established:* 01/01/1978				

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

Page 1 of 6 775801 08-10-17 Form BCO-10 (rev. 8/2017)

6.	lame and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in lennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate heet if necessary)		
NONE			
	<del>,</del>		
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":		
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when		
	all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust		
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of		
	the organization. The term "membership" shall not include those persons who are granted a membership solely		
	upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation,		
	bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the		
	organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.		
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose		
	fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities		
	§162.7(a)(4) · Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from		
	registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.		
	X Not Applicable		
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file		
	a financial report with this registration. If "Not Applicable" is checked, the charitable organization		
	must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.		
	Items 8 and 9 are required to be completed by initial registrants only		
8.	Date organization first solicited contributions from Pennsylvania residents:		
	Other		
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.		
	MM DD YYYY		
	Other		
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.		

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10.	PENNSYLVANIA FAMILY SUPPORT ALLIANCE  Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	REQUESTS BY DIRECT MAIL TO FOUNDATIONS, BUSINESSES AND INDIVIDUALS.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.  SEE STATEMENT 1
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15	
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	"Yes" if the organization only uses or intends to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents: Month Day Year
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

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to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)			
	SEE STATEMENT 2		
3.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)  NONE		
Э.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?  (See note "Affiliate and Parent Organization")  Yes No X Not Applicable  If "Yes," give all names and certificate numbers of the affiliate organizations:  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)		
•	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes X No Not Applicable  If "Yes," provide the name and, if available, certificate number of the parent organization.		
	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)		
-	Legal name of parent organization  Pennsylvania certificate number  Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.  (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		
	SEE STATEMENT 3		

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends

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22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

	A.	Are in charge of solicitation activities:			
	_	ANGELA LIDDLE			
		2000 LINGLESTOWN RD, STE 301 HARRISBURG, PA 17110			
	В.	Have final responsibility for the custody of contributions:			
		ANGELA LIDDLE			
		2000 LINGLESTOWN RD, STE 301 HARRISBURG, PA 17110			
	C.	C. Have final responsibility for final distribution of contributions:			
		ANGELA LIDDLE			
	2000 LINGLESTOWN RD, STE 301 HARRISBURG, PA 17110				
	D.	Are responsible for custody of financial records:			
		ANGELA LIDDLE			
		2000 LINGLESTOWN RD, STE 301 HARRISBURG, PA 17110			
23.	Are	e any officers, directors, trustees, or employees related by blood, marriage, or adoption to:			
	A.	A. Any other officer, director, trustee, or employee? Yes X No			
	B.	B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No			
	C.	C. Any officers, agents or employees of any supplier or vendor providing goods or services? **  Yes X No			
		**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)			
	If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.				
24.	На	s the organization or any of its present officers, directors, executive personnel or trustees ever:			
	A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable			
	assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes X No				
	В.	3. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes X No			
	C.	C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance			
		or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?			
		(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions,			
		and copies of all relevant documents.)			

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**Certification -** This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S.  $\S4904$  (relating to unsworn falsification to authorities) and 10 P.S.  $\S162.17$  (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer		Date
ANGE	LA LIDDLE, PRESIDENT AND CEO	
Type or	print name and title of Chief Fiscal Officer	
Signature of Other Authorized Officer		Date
JENNIFER DOYLE, BOARD PRESIDENT		
Type or	print name and title of Other Authorized Officer	
Che	cklist for registration:	
X	Completed registration statement properly signed and dated.	
X	X A copy of the IRS 990/990EZ/990PF/990N Return and required schedules,	
	signed and dated by an authorized officer	
	Public Disclosure Form BCO-23 (if required)	
X	Applicable Financial Statements (audited, reviewed, compiled o	r internally prepared)
X	Registration fee and any late filing fees	
	Initial Registrants Only: IRS determination letter, articles of incomby-laws.	rporation or charter and
See	Instructions for more information on completing this form and atta	achments.

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BCO-10 P3,4 STATEMENT 1

THE PROVISION OF TRAINING, TECHNICAL ASSISTANCE, MARKETING AND EDUCATIONAL MATERIALS TO COMMUNITY BASED FAMILY SERVICE ORGANIZATIONS THAT AFFILIATE WITH PFSA AND ADMINSTER PFSA SUPPORT AND EDUCATION PROGRAMS TO THE FAMILIES IN THEIR GEOGRAPHIC AREA FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT. PROVISION OF TRAINING AND MATERIALS FOR PROFESSIONALS MANDATED TO REPORT SUSPECTED CHILD ABUSE ON THE IDENTIFICATION AND REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT. ALL PROGRAMS ARE CURRENTLY IN EXISTENCE.

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 2

NAME AND ADDRESS
NONE

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES	AND EXECUTIVES STATEMENT 3
NAME AND ADDRESS	TITLE
ANGELA LIDDLE 2000 LINGLESTOWN RD, NO. 301 HARRISBURG, PA 17110	PRESIDENT AND CEO
NAME AND ADDRESS	TITLE
JENNIFER DOYLE 2000 LINGLESTOWN RD, NO. 301 HARRISBURG, PA 17110	BOARD PRESIDENT
NAME AND ADDRESS	TITLE
ERICA WEILER-TIMMINS PHD 2000 LINGLESTOWN RD, NO. 301 HARRISBURG, PA 17110	VICE PRESIDENT
NAME AND ADDRESS	TITLE
MICHAEK SUCHANICK 2000 LINGLESTOWN RD, NO. 301 HARRISBURG, PA 17110	TREASURER
NAME AND ADDRESS	TITLE
BRITTA SCHATZ 2000 LINGLESTOWN RD, NO. 301 HARRISBURG, PA 17110	SECRETARY
NAME AND ADDRESS	TITLE
JOHN LAWN 2000 LINGLESTOWN RD, NO. 301 HARRISBURG, PA 17110	BOARD MEMBER

PENNSYLVANIA FAMILY SUPPORT ALLIANCE					
NAME AND ADDRESS		TITLE			
SEAN M. MCCORMACK 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
JIM REDMOND 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
TERRY CLARK 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
MICHAEL GAINES 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
MAUREEN FAIRBANKS 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
SUZANNE KINSKY 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
J. PAUL HELVY 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
ANITA KULICK 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
JENNIFER CLARKE 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		
NAME AND ADDRESS		TITLE			
CECELIA CONNELLY-WEIDA 2000 LINGLESTOWN RD, NO. HARRISBURG, PA 17110	301	BOARD	MEMBER		