PUBLIC INSPECTION

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and e	nding J	UN 30, 2024		
В	Check if applicable	C Name of organization		D Employer identific	ation number	
	Addre: chang Name	PENNSYLVANIA FAMILY SUPPORT ALLIANCE				
	chang	Doing business as		25-135842	23	
	Initial return Final	/ [1	Room/suite	E Telephone number		
_	return/ termin		01	717-238-0		
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17110		G Gross receipts \$	1,950,026.	
	return Applic			H(a) Is this a group re		
	tiòn pendir	SAME AS C ABOVE		for subordinates		
_	Tay ay			H(b) Are all subordinates in		
	Websit		527		list. See instructions	
_		organization: X Corporation Trust Association Other	I. Vees	H(c) Group exemption		
	art I	Summary	L Year	or formation; 19/0 N	State of legal domicile: PA	
4	1	Briefly describe the organization's mission or most significant activities: PENNS	YLVAN	IA FAMILY SU	JPPORT	
Activities & Governance		ALLIANCE PROVIDES EDUCATION, SUPPORT, AND	TRAIN	ING PROGRAM	S TO MAKE	
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	19	
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	18	
S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	***********	5	7	
Viţi	6	Total number of volunteers (estimate if necessary)		6	21	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	o		0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	*******	7b	0.	
				Prior Year	Current Year	
ø	8	Contributions and grants (Part VIII, line 1h)		1,335,381.	1,698,079.	
nue	9	Program service revenue (Part VIII, line 2g)		165,776.	128,217.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,445.	84,241.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		317.	35,375.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,554,919.	1,945,912.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		692,575.	720,792.	
ns.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 12,15	5.			
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		771,799.	734,607.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,464,374.	1,455,399.	
_	19	Revenue less expenses. Subtract line 18 from line 12		90,545.	490,513.	
Sor	4		Be	ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		2,425,180.	2,921,379.	
A T	21	Total liabilities (Part X, line 26)		280,077.	159,637.	
Z	22	Net assets or fund balances. Subtract line 21 from line 20	******	2,145,103.	2,761,742.	
1000	art II	Signature Block				
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is	
true	, correc	t any complete Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	1	
		Signature of officer		10-2-	2024	
Sig				Date		
He	re	ANGELA LIDDLE, PRESIDENT AND CEO Type or print name and title				
The state of the s						
Print/Type preparer's name Preparer's signature Date Check PTIN Preparer's signature Preparer's signature						
Pai		to am ample)				
	parer	Firm's name BOYER & RITTER, LLC		Firm's EIN 2	3-1311005	
use	Only	Firm's address 211 HOUSE AVENUE			D 864 B040	
		CAMP HILL, PA 17011		Phone no. 71	7-761-7210	
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No	

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

25-1358423

Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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			7.7
_	Schedule D, Part III	8		<u>X</u>
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?			7.7
40	If "Yes," complete Schedule D, Part IV	9	_	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	- 7		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.5	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			₹7-
	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			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	_X_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
٠,	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		-
ıza	, ,	40.	Х	
h	Schedule D, Parts XI and XII	12a		-
D	·	405		~
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	12b	-	X
1/12	Did the organization maintain an office, employees, or agents outside of the United States?			X
b		14a		
2	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	140		
	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	15		-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	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."	10		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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
_				

Form 990 (2023) PENNSYLVANIA FAMILY SUPPORT ALLIANCE
Part IV Checklist of Required Schedules (continued)

	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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? If "Yes," complete			
	Schedule J	23	X	
24 a	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_
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	, , , , , , , , , , , , , , , , , , ,		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- UZ		
	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	00		
	Part V, line 1	34		Х
35a	Did the executed to be a controlled and the city with test and the city of the controlled and the city of the city	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
-	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?	330		
	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	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 41
-	Notes All Farm 000 floors and the second of the College of the Col	20	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ.	
Track and	Check if Schedule O contains a response or note to any line in this Part V			
	2 250300 0 301141110 4 150 points of Hote to diff fille it till 51 art v	*******		
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33		Yes	No
b				-
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	With the Control of t	4.	Х	
33300	(gambling) winnings to prize winners?	1c		(2023)
00200	T LE LI EV	rorn	1000	(2023)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? X **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2023) PENNSYLVANIA FAMILY SUPPORT ALLIANCE

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

	Check if Schedule O contains a response or note to any line in this Part VI			*****	X			
Sec	tion A. Governing Body and Management				- 1			
	911	2.	-	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	a	19					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				100			
b	Enter the number of voting members included on line 1a, above, who are independent	b	18					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?		. 2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direction	ect supervision						
					X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	vas filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?)	5		Х			
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir							
	more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	holders, or						
	persons other than the governing body?		7E		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by							
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revent	ue Code)						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte	ers, affiliates,						
			10	Ы				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ü						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests.	onflicts?	12					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,							
	on Schedule O how this was done		12	c X				
13	Did the organization have a written whistleblower policy?				1			
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							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	maoponacin						
а	The organization's CEO Executive Director, or top management efficial		15	a X				
	Other officers or key employees of the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.				
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen	t with a						
	taxable entity during the year?		16		X			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			a	1			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization							
	exempt status with respect to such arrangements?		16					
Sec	tion C. Disclosure	*******************	1 10	<u> </u>	-			
17	List the states with which a copy of this Form 990 is required to be filed PA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	990-T (section 501	(0)(3)0 00	v) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	200-1 (200HOH 201	(6)(3)ช บก	y) avall	ผมเษ			
		D-1(-)						
19	X Own website X Another's website X Upon request Other (explain on Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict		مر مصطاحات	anciel				
ıJ	statements available to the public during the tax year.	or or interest bolic	y, and tin	ancial				
20	State the name, address, and telephone number of the person who possesses the organization's books	and race-d-						
ZU	ANGELA LIDDLE - 7172380937	anu records						
	2000 LINGLESTOWN RD, SUITE 301, HARRISBURG, PA 1711	0						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any, See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	or any related organization compensate (B) (C)						(D)	(E)	(F)	
Name and title	Average	, do	t -	Pos	ition	than o		Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of	
	week		cer ar	nd a d	recto	r/trus	ee)	from	from related	other	
	(list any hours for	or director						the	organizations	compensation	
	related	0 JO 86	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	trustee	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	1000 1420)	and related	
	below	Individual	tution	la,	Key employee	iest or ibyee	ner			organizations	
	line)	jg.	Inst	Officer	Key	High	Former				
(1) ANGELA LIDDLE	40.00										
PRESIDENT AND CEO		X		Х				184,401.	0.	5,532.	
(2) MARCI LESKO	3.00										
BOARD CHAIR		X		Х				0.	0.	0.	
(3) DR. ROSALIND LEE	3.00										
BOARD VICE-CHAIR		X	_	Х	_	_		0.	0.	0.	
(4) PAMELA SZAJNUK	3.00										
TREASURER		X	_	X	_			0.	0.	0.	
(5) KARI KING	3.00							_			
SECRETARY	2 00	X	<u> </u>	X	_			0.	0.	0.	
(6) DR. TAMARA ALLEN-THOMAS	3.00								_		
BOARD MEMBER	2.00	X	-	-			_	0.	0.	0.	
(7) RON BUNCE	3.00										
BOARD MEMBER (8) TARA DECHERT	2.00	Х	-	-	_	H	_	0.	0.	0.	
(8) TARA DECHERT BOARD MEMBER	3.00	١.,								_	
(9) KIM ECHEL	3.00	X		-	_	╁	_	0.	0.	0.	
BOARD MEMBER	3.00	₹									
(10) KARA FINCK	3.00	X		H		-	-	0.	0.	0.	
BOARD MEMBER	3.00	x									
(11) J. PAUL HELVY	3.00	1	\vdash	\vdash	-	-	_	0.	0.	0.	
BOARD MEMBER	3.00	x						0.	0.	_	
(12) MARK HOLMAN	3.00	Α.				+-	-	U •	0.	0.	
BOARD MEMBER	3.00	x						0.	0.	_ ر	
(13) MARISA MCCLELLAN	3.00	1				\vdash		V •	V.	0.	
BOARD MEMBER	3.00	x						0.	0.	0.	
(14) KATHLEEN MCGRAW	3.00	1		1	\vdash			0,	0.	U .	
BOARD MEMBER	3.00	$ _{\mathbf{x}}$						0.	0.	0.	
(15) LORA MCKNIGHT	3.00	1	\vdash	1				0.	0.	0.	
BOARD MEMBER	3.00	x						0.	0.	0.	
(16) GEORGE PAYNE	3.00	1			\vdash			0.	0.	0	
BOARD MEMBER		$ _{\mathbf{x}}$						0.	0.	0.	
(17) SHAHID RAZA	3.00	1			\vdash			1	0.	0	
BOARD MEMBER		\mathbf{x}						0.	0.	0	

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

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

25-1358423

Part VII

PENNSYLVANIA FAMILY SUPPORT ALLIANCE 25-1358423 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue from tax under business revenue sections 512 - 514 Gifts, Grants illar Amounts Federated campaigns Membership dues 16 Fundraising events 1c Related organizations 1d 1,684,877. Government grants (contributions) 1e All other contributions, gifts, grants, and 13,202. similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$ 1,698,079. h Total. Add lines 1a-1f Business Code 123,612. 2 a EDUCATIONAL MATERIALS 123,612. 624100 Program Service **b** CONFERENCES 624100 4,605. 4,605. All other program service revenue 128,217. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 68,355. 68,355. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 20,000. assets other than inventory 7a b Less: cost or other basis and sales expenses 4,114. Revenue 7b 15,886. c Gain or (loss) 7c d Net gain or (loss) 15,886. 15,886. Other 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a

Miscellaneous Revenue b Less: direct expenses

Net income or (loss) from gaming activities
 a Gross sales of inventory, less returns

and allowances

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

11 a MISCELLANEOUS

9b

10a

Business Code

900099

35,375.

35,375.

,945,912.

35,375.

163,592.

sect.	on 501(c)(3) and 501(c)(4) organizations must complete			nplete column (A).	
	Check if Schedule O contains a respons			(C)	/D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) 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,	104 000	460 405	00.450	
	trustees, and key employees	194,070.	169,105.	22,463.	2,502
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	445 515	200 200	F4 F00	
7	Other salaries and wages	445,715.	388,378.	51,590.	5,747
8	Pension plan accruals and contributions (include	22 200	00 006	2 245	
	section 401(k) and 403(b) employer contributions)	33,392.	29,096.	3,865.	431
9	Other employee benefits	45 645	44 400		
0	Payroll taxes	47,615.	41,490.	5,511.	614
1	Fees for services (nonemployees):				
а	Management				
b	-	378.		378.	
С	Accounting	41,725.		41,725.	
d	/ V 131111111111111111111111111111111111				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,931.		6,931.	
g	,	05 055			
	column (A), amount, list line 11g expenses on Sch O.)	85,865.	56,456.	29,409.	
12	Advertising and promotion	13,310.	13,310.		
13	Office expenses	40,575.	35,356.	4,695.	524
14	Information technology	38,092.	33,192.	4,409.	491
15	Royalties	20 570			
16	Occupancy	99,672.	86,850.	11,537.	1,285
7	Travel	7,777.	6,777.	900.	100
8	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,150.	7,150.		The state of the s
20	Interest				
21	Payments to affiliates	44 005	40.040	4 77.5	
22	Depreciation, depletion, and amortization	14,975.	13,049.	1,733.	193
!3	Insurance	15,469.	13,479.	1,790.	200
<u>!</u> 4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MDATMED HERG	283,345.	283,345.		
ь	EDITOR DECOMMENDED TO THE	73,696.	73,696.		
c	WT COULT ANDOTTO	3,061.	2,666.	354.	41
d	TOTAL DATE AND THE PARTY OF THE	2,141.	1,866.	248.	27
	All other expenses	445.	445.	210.	41
25	Total functional expenses. Add lines 1 through 24e	1,455,399.	1,255,706.	187,538.	12,155
26	Joint costs. Complete this line only if the organization	_,,	±1,200,100+	201,330.	14,133
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1 303,453. 144,501. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 245,215. 234,985. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 16,419. 9,717. 9 Land, buildings, and equipment: cost or other 355,802. basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 348,534. 26,355. 7,268. 10c 1,647,134. Investments - publicly traded securities 2,419,756. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 186,604. 105,152. 15 15 2,425,180. 2,921,379. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 78,099. 58,721. Accounts payable and accrued expenses 17 17 18 Grants payable 18 17,500. 28,900. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 184,478. 72,016. 25 280,077. 159,637. 26 Total liabilities. Add lines 17 through 25 26 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 2,101,769. 2,732,623. 27 Net assets with donor restrictions 43,334. 28 29,119. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 2,145,103. 2,761,742. 32 32 2,425,180. 2,921,379. Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

3b

SCHEDULE A

(Form 990)

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.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

PENNSYLVANIA FAMILY SUPPORT ALLIANCE 25-1358423 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 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 on 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 II, Type III, Typ 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 (iv) is the organization listed (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

332021 12-21-23

Schedule A (Form 990) 2023 PENNSYLVANIA FAMILY SUPPORT ALLIANCE 25-1358 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		*,.**		1	15, 2020	117 10001
	membership fees received. (Do not						
	include any "unusual grants.")	1233083.	1276806.	1409703.	1335381.	1698079.	6953052.
2	Tax revenues levied for the organ-					2030073.	03330321
	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	1233083.	1276806.	1409703.	1335381.	1698079.	6953052.
	The portion of total contributions	- A		22037030	1000001.	1000070.	0223022.
Ū	by each person (other than a		4.0	1 - V - 1 - 1		N	
	governmental unit or publicly			100			
	supported organization) included			10000			
	on line 1 that exceeds 2% of the			10 mg - 10 mg		2.5	
	amount shown on line 11,						
					WX I		
6	column (f) Public support. Subtract line 5 from line 4.						6052050
	etion B. Total Support						6953052.
_		(-) 2010	(L) 2020	1-1-0004	/ W 0000		-
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019 1233083.	(b) 2020 1276806.	(c) 2021 1409703.	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,	1233003.	12/0000.	1409703.	1335381.	1698079.	6953052.
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	21 (05	10 076	10 526	E2 44E		
_	and income from similar sources	21,685.	12,876.	10,536.	53,445.	68,355.	166,897.
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.)						
	Total support. Add lines 7 through 10						7119949.
	Gross receipts from related activities,	•			***************************************	12	925,963.
13	First 5 years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						.,
	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.66 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14	************		15	98.48 %
16a	33 1/3% support test - 2023. If the	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	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ıtion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or			
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circle						Delay Company
18	Private foundation. If the organization						***************************************
						- 1	

Schedule A (Form 990) 2023 PENNSYLVANIA FAMILY SUPPORT ALLIANCE
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 performed, 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						
b	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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6	2.07		1		1.7	10
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst second third	fourth or fifth toy	Vear as a section !	501(0)(3) 0200	nization
•	check this box and stop here						nzation,
Se	ction C. Computation of Publi	c Support Per	rcentage	***************************************		**************	
	Public support percentage for 2023 (li			column (fl)		15	%
	Public support percentage from 2022			130/05/07	******************************	16	
	ction D. Computation of Inves			***************************************		10	%
	Investment income percentage for 20			ine 13 column (f)		17	0/
	Investment income percentage from :		B : 10 C 45			-	%
	a 33 1/3% support tests - 2023. If the			on line 14 and lin		18 33 1/3% and	line 17 is not
.50	more than 33 1/3%, check this box ar						inte 17 IS HOT
	33 1/3% support tests - 2022. If the						/304_and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i mate roundation, it the organization	ir did not check a	DOX OIT IIITE 14, 18	a, or 190, check t	ins box and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	1. 1	
1		
	19 5	
2		
3a		
3b		
3с		
4a		
4b		
4c		
Lik		
	90	
E.		
5a		
5b 5c		
	113	
6		
7		
8		
	f .	
9a		
9b		
L yn		1
9c		

Sched	dule A (Form 990) 2023 PENNSYLVANIA FAMILY SUPPORT ALLIANCE 25-13	35842	3 Pa	nge 5
Part				35.5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			-
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			,
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			11.5
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	I I I		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	-	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	1_4_		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		0.11	
		1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	1 1		
	non Divini 1, po in capporang organizations		Yes	No
	Did the examination provide to each of its supported arganizations, by the last day of the fifth month of the		res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	10		
		100	11.9	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	-
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		J
_			_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
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 governmental entity (see in	nstructio		1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		V I	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		12	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 52	100	
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	1. 11.	1	

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

-	dule A (Form 990) 2023 PENNSYLVANIA FAMILY SUI			25-1358423 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			R Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		V 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
_ b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0.8		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	1 9 1	ed Type III supporting or	ganization (see
	instructions).	,		3

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 PENNSYLVANIA	FAMILY SUPPOR	T ALLIANCE	25	-1358423 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizations (continued		- Income
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		l d	10	
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			WEST LINE
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in		MILES STATE OF	
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.		E	
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

	(Form 990) 2023	PENNSYLVANI	A FAMILY	SUPPORT	ALLIANCE	25-1358423	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide the 6, 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	explanations req , 9a, 9b, 9c, 11a ection E, lines 1	uired by Part II, a, 11b, and 11c; c, 2a, 2b, 3a, an	line 10; Part II, line 17a Part IV, Section B, line d 3b; Part V, line 1; Pa	or 17b; Part III, line 12; s 1 and 2; Part IV, Section rt V, Section B, line 1e; Pa	C
,							
-							
					=		
-							
10-							

SCHEDULE C

(Form 990)

Department of the Treasury

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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:

•	Section 501(c)(4), (5), or (6) organizati	ons: Complete Part III.								
Nan	ne of organization			E	mployer identification number					
		VANIA FAMILY SUPPO			25-1358423					
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	organization.					
2	Provide a description of the organization Political campaign activity expenditudes Volunteer hours for political campaign	ures								
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)).						
1	Enter the amount of any excise tax i				\$					
2	Enter the amount of any excise tax i	incurred by organization managers	under section 4955		\$					
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 for	r this year?		Yes No					
4a	Was a correction made?				Yes No					
ŧ	If "Yes," describe in Part IV.			******************************						
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 50	1(c)(3).					
1	Enter the amount directly expended	by the filing organization for section	on 527 exempt function	on activities	\$					
	Enter the amount of the filing organ									
	exempt function activities				\$					
3	Total exempt function expenditures			2.000.00.000.001.07.002.07.002.07.07.07.07.07.07.07.07.07.07.07.07.07.	-					
	line 17b				\$					
4	Did the filing organization file Form	1120-POL for this year?			Yes No					
5		nployer identification number (EIN)	of all section 527 poli	itical organizations to v	which the filing organization					
	made payments. For each organization									
	contributions received that were pro-				arate segregated fund or a					
_	political action committee (PAC). If	additional space is needed, provid	e information in Part I\	J.						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and					
_					2					

Part II-A Complete if the orga	ENNSYLVAL	EMPT PAMILY SU	501(c)(3) and file	CE 25-3 d Form 5768 (ele	2358423 Page 2
section 501(h)).		ompranaoi ocodoi	· oo · (o)(o) and me	a i oi iii oi oo (cii	socion under
A Check if the filing organization	ion belongs to an	affiliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share			·	,	, , ,
B Check if the filing organizat	ion checked box A	and "limited control" pro	visions apply.		
Limits	s on Lobbying Ex			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinio	on (arassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin	•	, , , , , , , , , , , , , , , , , , , ,	**************************		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter			h columns		
If the amount on line 1e, column (a) or		lobbying nontaxable am			
not over \$500,000,		of the amount on line 1e.			
over \$500,000 but not over \$1,000,		0,000 plus 15% of the exc			
over \$1,000,000 but not over \$1,50		5,000 plus 10% of the exc			
over \$1,500,000 but not over \$17,0		5,000 plus 5% of the exce			
over \$17,000,000.		00,000,	33 0 Vel ψ1,300,000.		
g Grassroots nontaxable amount (ent					
h Subtract line 1g from line 1a. If zero	•	***************************************	chagged and an area and an area and a second a second and		
i Subtract line 1f from line 1c. If zero	, i		13.000000000000000000000000000000000000		
j If there is an amount other than zero	,	or line 1i, did the organize			
reporting section 4911 tax for this y		or line 11, did the organiza			Yes No
Toportally observed the state of the state o		Averaging Period Under			162 140
(Some organizations th		n 501(h) election do not		f the five columns b	elow.
		parate instructions for li			
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	- N. I				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 PENNSYLVANIA FAMILY SUPPORT ALLIANCE 25-1358423 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)).

of the labbying activity	(a)		(b)
of the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х	T' = T	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1		
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
501(c)(6).	5/23/			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	"No" OR (b) Part II		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (b) Part II		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	"No" OR (b) Part II		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	"No" OR (b) Part II		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	"No" OR (b) Part II		3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	"No" OR (b) Part II		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	"No" OR (b) Part II		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 expenditures next year?	"No" OR (b) Part II 2a 2b 2c 3		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions	"No" OR (b) Part II 2a 2b 2c 3		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	"No" OR (b) Part II 2a 2b 2c 3 4 5	I-A, line	3, is

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

PENNSYLVANTA FAMILY SUPPORT ALLTANCE

Employer identification number 25-1358/23

Pai		Funds or Other Similar Funds	s or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Fu	nds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Pui	ids and other accounts
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr			
	are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or of			
Par	impermissible private benefit?	-1		Yes No
			, Part IV, line /	<u> </u>
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreation			/ important land area
	Protection of natural habitat	Preservation	of a certified hi	istoric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the forn	n of a conserva	
	day of the tax year.			Held at the End of the Tax Year
a				
ь			2b	
С	Number of conservation easements on a certified historic struc		2c	
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	ne organization	during the tax
	year			
4	Number of states where property subject to conservation ease		- 3	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	nservation eas	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easemer	nts during the year
8	Does each conservation easement reported on line 2d above s			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stater	ments that des	cribes the
-	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of A		Other Simila	ar Assets.
-	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public			public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	d balance shee	t works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fu	therance of pu	ublic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		v	\$
	(ii) Assets included in Form 990, Part X		Valvata 19200 Lucio	\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	ial gain, provid	de
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	•	5.3(H) (53) (60)	\$
b	Assets included in Form 990, Part X	20000000000000000000000000000000000000		\$

Sched		VANIA FAMI	LY SUPPORT	ALLIANCI easures, or O	∃ ther S	2 Similar	25-13 Assets	58423	Page 2
3	Using the organization's acquisition, accessi								
	collection items (check all that apply).								
а	Public exhibition	C	Loan or ex	change program					
b	Scholarly research	€	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						e in Part	XIII.	
5	During the year, did the organization solicit of							40.00	
Dor	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	ollection?				Yes	No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	yernems Comple	ete if the organizati	on answered "Yes	" on For	rm 990,	Part IV, li	ne 9, or	
12	Is the organization an agent, trustee, custodi		diant for contribution	and or other agest	o not inc	aluda d			
Id								٦٧	X No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	******************	*********		1.046.60	Yes	LA NO
	in rest, explain the arrangement in rate xiii	and complete the to	llowing table.					Amount	
С	Beginning balance					1c		7 11100111	
	Additions during the year		***************************************	******************	******	1d			
e	Distributions during the year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	******	1e			
f	Ending balance			***************************************	********	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account	liability'			Yes	X No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has bee	n provided in Part	XIII				
Par	t V Endowment Funds Complete in	the organization and	swered "Yes" on F	orm 990, Part IV, I	line 10.				
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:					
	Board designated or quasi-endowment	7000	%						
	Permanent endowment	%							
С	· · · · · · · · · · · · · · · · · · ·	%							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered	for the			ř	
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
la.	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.							3a(ii)	
4	Describe in Part XIII the intended uses of the			***************************************			*******	3b	_
_	t VI Land, Buildings, and Equipm		witherit fullus.						
1211 542	Complete if the organization answere		0. Part IV. line 11a	See Form 990. P	art X. lin	e 10.			
-	Description of property	(a) Cost or o		est or other		umulate	d T	(d) Book	value
	2 cook, place of property	basis (invest		is (other)	. ,	eciation	.	(u) Door	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		3	55,802.	34	18,53	34.	-	7,268.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. colum	nn (B))				-	7,268.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PENNSYLVANIA	A FAMILY SUPP	ORT ALLIANCE	25-1358423 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(d) Financial downstings			,
(O) Olasah, balal assaib, istawasta			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11a Cas Form 000 Flort V line 10	3
(a) Description of investment			
	(b) Book value	(c) Method of Valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	l. (B))		NESCONO.
Part X Other Liabilities	* **		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X	, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			72,016
(3)			,2,310
(4)			
(5)			
(6)			

(7) (8) 72,016. Total. (Column (b) must equal Form 990. Part X, line 25, col. (B))

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

	dule D (Form 990) 2023 PENNSYLVANIA FAMILY SUPPORT ALLIANCE	i	25-1	358423 Page	4
Pai	Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Ret	urn		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			2,123,913	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	4,143,913	•
a		26,126.	- 1		
a h		58,806.			
C	Recoveries of prior year grants 2c	30,000.			
d					
e				184,932	
3	***************************************		2e	1,938,981	_
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	1,330,301	•
a	Investment expenses not included on Form 990, Part VIII, line 7b	6,931.	4		
a b	Other (Describe in Part XIII.)	0,951.			
_			4.	6.021	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	6,931	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per R		1,943,312	•
0 000	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	noco poi ii	o tui i	MI	
1	Total expenses and losses per audited financial statements		1	1,507,274	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				Ť
а	N 220	58,806.			
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	58,806	
3	Subtract line 2e from line 1	*************	3	1,448,468	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	6,931.			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c	6,931	
5			5	1,455,399	
Pa	rt XIII Supplemental Information				Ť
Prov	ide 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.	-
	2d and 4h; and Part XII, lines 2d and 4h. 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

Sched	ule D (I	Form 990) . Supplen	2023	nform	PENNS	YLVANI	A FA	MILY	SUP	PORT	ALLIAN	CE	25-1	358423	Page 5
rart	VIII.	Suppleii	ientai i	morni	ation (c	ontinued)									
MIL	L BE	SUST	AINEI	UPC	N EX	TANIMA	ION,	INCI	LUDI	NG AN	Y APPE	ALS A	ID LIT	IGATIO	Ν,
AND	THE	REFOR	E, MA	NAGE	MENT	BELIE	VES '	THAT	THE	ALLI	ANCE H	AS NO	EXPOS	URE TO	
INC	OME	TAXES	ARIS	ING	FROM	UNCER	TAIN	TAX	POS	ITION	s.				
-															
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

Employer identification number 25-1358423

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	2	10.0	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	384	. 40	
	Travel for companions Payments for business use of personal residence		- 20	1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	- 44	i va	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			STO	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	-10	700	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	and states of the state of the		1	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	2.34		
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	100		1
	establish compensation of the CEO/Executive Director, but explain in Part III.			311
	Compensation committee Written employment contract		= 35	13 . 1
	Independent compensation consultant Compensation survey or study			20
	Form 990 of other organizations Approval by the board or compensation committee			
	Approval by the board of compensation committee		100	9 1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
-	Provide a company of the state	4.		х
b	Destrict the first and the second sec	4a		X
	Deticion in the second	4b		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	ine	
	The street of any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1.13		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	13		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			14.5
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100	1	-41
	contingent on the net earnings of:	111 5	o ^{TI}	
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III,			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

PENNSYLVANIA FAMILY SUPPORT ALLIANCE Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(F) Compensation in column (B)	reported as deferred on prior Form 990	0	0																					Schedule J (Form 990) 2023
(E) Total of columns (B)(i)-(D)		189,933.	0																					Schedu
(D) Nontaxable benefits		0	0																					
(C) Retirement and other deferred	compensation	5,532.	0																					
	(iii) Other reportable compensation	0	0																					
(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(ii) Bonus & incentive compensation	0	0																					
(B) Breakdown of W	(i) Base compensation	184,401.	0																					
	(A) Name and Title	(1) ANGELA LIDDLE	SIDENT AND CEO	((i))	(5)	(E)	(1)	0	0	0	0	0		8	(9)	(ii)	(1)	: (3)	(0)	9	0	(E)	(1)	

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PENNSYLVANIA FAMILY SUPPORT ALLIANCE

Employer identification number 25-1358423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
PENNSYLVANIA SAFE FOR CHILDREN.		
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:		
PFSA DESIGNED AND INTRODUCED FAMILIES IN RECOVERY, A PARENTING PROGRAM		
FOR PARENTS IN RECOVERY FROM SUBSTANCE USE DISORDER. THE PROGRAM IS		
DESIGNED TO BE DELIVERED IN 7 SESSIONS AT 2 HOURS PER SESSION WITH		
FLEXIBLE PROGRAM IMPLEMENTATION. PFSA PROVIDES TRAINING, ONGOING		
TECHNICAL ASSISTANCE, DATA COLLECTION ASSISTANCE AND OUTCOME REPORTS.		
THIS PROGRAM IS OFFERED THROUGHOUT PA AND IN MANY OTHER STATES.		
FORM 990, PART VI, SECTION B, LINE 11B:		
PFSA IS COMMITTED TO APPROPRIATE FISCAL OVERSIGHT BY ITS BOARD OF		
DIRECTORS. AS SUCH, PFSA WORKS TO ENSURE THE HIGHEST STANDARDS IN		
REVIEWING ANNUALLY ITS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME		
TAX.		
EACH YEAR, PRIOR TO THE SUBMISSION OF PFSA'S FORM 990 TO THE INTERNAL		
REVENUE SERVICE, EACH VOTING MEMBER OF THE BOARD OF DIRECTORS SHALL BE		
PROVIDED WITH A COPY OF THE FORM 990 AS COMPLETED BY THE ORGANIZATION'S		
CERTIFIED PUBLIC ACCOUNTANT. BOARD MEMBERS SHALL BE PROVIDED WITH THE FORM		
990, AND WILL HAVE AN OPPORTUNITY TO RAISE QUESTIONS, MAKE SUGGESTIONS,		
AND/OR ADDRESS ANY POTENTIAL PROBLEMS OR CONCERNS WITH THE FINANCE		
COMMITTEE THAT CAME FROM THEIR REVIEW.		

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Name of the organization PENNSYLVANIA FAMILY SUPPORT ALLIANCE	Employer identification number 25-1358423
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 SALA	RY REVIEW EVERY
OTHER YEAR. THIS INCLUDES SURVEYS, CALLS AND COMPREHENSIVE	RESEARCH. THE
COMMITTEE MAKES A RECOMMENDATION AND GIVES IT TO THE FINAN	CE COMMITTEE FOR
BUDGET DEVELOPMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST ALONG W	ITH 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 WHI	CH THE AUDIT
COMMITTEE OVERSEES THE AUDIT OR SELECTS AN INDEPENDENT AUD	ITOR.
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