Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2023 Open to Public Inspection

<u>A</u>	For the	e 2023 calendar year, or tax year beginning	, and ending									
В	Check if a	pplicable: C Name of organization PENNSYLVAN	IIA ASSOCIATION OF		D Employe	r identification number						
	Address c	hange <b>NONPROFIT</b>										
Ħ	Name cha	Doing business as										
=		Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephon							
-	Initial retur		foreign poetal and		/1/-	236-8584						
	Final retur terminated					===						
П	Amended	roturn	PA 17111		<b>G</b> Gross rec	eipts\$ 737,613						
=		F Name and address of principal officer.		H(a) Is this a gr	oup return for	subordinates? Yes X No						
Ш	Application	DHIII DOCILLIKII			•							
		4801 LINDLE ROAD		H(b) Are all sul								
		HARRISBURG	PA_17111	II "No,	" attach a list.	See instructions						
	Tax-exen		ert no.) 4947(a)(1) or 527									
<u>J</u>	Website:			H(c) Group exe								
K	Form of o	organization: X Corporation Trust Association	Other L	Year of formation: $oldsymbol{1}$	984	M State of legal domicile: PA						
P	Part I	Summary										
		Briefly describe the organization's mission or most										
Se		CAPACITY-BUILDING SERVICES I	NCLUDING ADVOCACY, TRAIN	ING AND C	ONSULT	ING FOR						
nar		PA NONPROFITS.										
Ver												
Governance	2 (	Check this box if the organization discontinued	its operations or disposed of more than 25	5% of its net as:	sets.							
∞ర	3 1	lumber of voting members of the governing body	(Part VI, line 1a)		3	16						
es	4 1	lumber of independent voting members of the gov	verning body (Part VI, line 1b)		. 4	16						
Ĭ	5 T	otal number of individuals employed in calendar y	rear 2023 (Part V, line 2a)		5	5						
Activities		otal number of volunteers (estimate if necessary)		6	100							
•	7a ⊺	otal unrelated business revenue from Part VIII, co			7-	0						
	b N	Net unrelated business taxable income from Form			. 7b	0						
			Prior Ye		Current Year							
<u>o</u>	8 0	Contributions and grants (Part VIII, line 1h)			2,210	<u> 189,153</u>						
enc				383	3,553	462,882						
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4	I, and 7d)		262	1,364						
Ľ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		2,783	84,214						
	12 T	otal revenue – add lines 8 through 11 (must equa	l Part VIII, column (A), line 12)	728	808,8	737,613						
	13 (	Grants and similar amounts paid (Part IX, column (	(A), lines 1–3)			0						
		Benefits paid to or for members (Part IX, column (A				0						
S	15 8	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	393	3,689	370 <b>,</b> 875						
)SU:	16a F	Professional fundraising fees (Part IX, column (A),	line 11e)			0						
xpense	b⊺	Salaries, other compensation, employee benefits (Forfessional fundraising fees (Part IX, column (A), Fotal fundraising expenses (Part IX, column (D), linguistry)	ne 25) <b>44,961</b>									
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11	d, 11f–24e)		0 <b>,</b> 478	<u>379,326</u>						
	18 T	otal expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		<b>1,167</b>	750,201						
		Revenue less expenses. Subtract line 18 from line	12		4,641	<b>-12,588</b>						
Net Assets or				Beginning of Cu		End of Year						
Sset	<b>20</b> T				999	243,173						
et	<b>21</b> T				3,957	73,719						
		Net assets or fund balances. Subtract line 21 from	line 20	182	2,042	169,454						
	Part II	Signature Block										
U	Inder per	nalties of perjury, I declare that I have examined this reti ect, and complete. Declaration of preparer (other than of	urn, including accompanying schedules and state	ements, and to th	e best of m	y knowledge and belief, it is						
	ue, corre	ct, and complete. Declaration of preparer (other triain of	incer) is based on all information of which prepa	ilei ilas aliy kilow	T							
٠.		0										
Sig		Signature of officer			Date							
He	ere	ANNE GINGERICH	EXECUTIVE	DIRECTO	R							
		Type or print name and title	Γ	Γ_								
ъ.		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN						
Pai		JARED C. EWING	JARED C. EWING	06/26	/24 self-em							
	parer		ELROD LLC	F	Firm's EIN	23-3022325						
US	e Only	210 TOLLGATE H										
		Firm's address GREENSBURG, PA		F	Phone no.	724-834-2151						
Ma	y the IR	S discuss this return with the preparer shown abo	ove? See instructions			Yes No						

orm 990 (2023) <b>PENNSYLVANIA</b>	ASSOCIATION OF	22-2561834	Page <b>2</b>
	m Service Accomplishments		
Check if Schedule O	contains a response or note to a	any line in this Part III	X
TDANGEODM T.TVEG	VOICE, VALUE, AND I	MPACT OF COMMUNITY BEN	
2 Did the organization undertake any s	ignificant program services during the ye	ear which were not listed on the	
,	0 10 0 ,		Yes X No
If "Yes," describe these new services			
,	g, or make significant changes in how it	conducts, any program	
<del>_</del>			Yes X No
If "Yes," describe these changes on \$	Schedule O.		
expenses. Section 501(c)(3) and 501	•	three largest program services, as measured rt the amount of grants and allocations to other	-
INCLUDE PANO'S ADVO STANDARDS FOR EXCEL PANO RESOURCES CRIT DISCOUNTED JOB BOAR PROGRAMS.	CACY WORK, 55% DISCO LENCE RESOURCES, ANI ICAL TO NONPROFIT W D POSTINGS, BACKGROU	) (Revenue \$ GANIZATIONS JOINED PAN DUNT ON TRAINING, FREE D PANO'S ASK PANO HELI ORKFORCE CHALLENGES II JND CHECKS, AND OTHER	NO IN 2023 E ACCESS TO PDESK. OTHER NCLUDED BENEFIT
• • • • • • • • • • • • • • • • • • • •			
NONPROFIT CAPACITY ITS COMPREHENSIVE K PANO IS LICENSED WI OFFER ONLINE RESOUR A DISCIPLINED PROCE ACCREDITATION AND B REVIEW PROCESS TO E	FOR EFFECTIVE AND ENOWLEDGE-BASE FOR NOTE THE NATIONAL STATE OF THE NATIONAL STATE OF THE NATIONAL STATE OF THE NATIONAL STATE OF THE NATION OF THE NATIONAL O	FOR EXCELLENCE PROGRATE FFICIENT MISSION FULF ONPROFIT STRUCTURE AND NDARDS FOR EXCELLENCE RT, WORKSHOPS, AND ACC AT INTERNAL OPERATION NVOLVE AN INTENSIVE AND TIONS OPERATIONALIZE	AM BUILDS ILLMENT, WITH D MANAGEMENT. INSTITUTE TO CREDITATION. AS NS, STANDARDS PPLICATION AND
NEEDS OF ORGANIZATION GOVERNANCE TRAINING BY MATCHING CONSULT THE CONSULTING NEED	: THROUGH CONSULTING ONS INCLUDING BUT NO , FUNDRAISING SUPPOR ANTS PARTICIPATING I S OF NONPROFIT ORGAL ANIZATIONS THROUGH	SERVICES, PANO MEETS OT LIMITED TO STRATEG. RT, AND MORE. PANO ACCION THE CONSULTANT COLINIZATIONS. IN 2023, PARIS MANAGEMENT SUPPORT	IC PLANNING, COMPLISHES THIS LABORATIVE WITH ANO SUPPORTED I CONSULTING
d Other program services (Describe on			
(Expenses \$	including grants of \$	) (Revenue \$	)
10 Total program convice expenses	56 J //6/1		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	<u>ا</u>		<b>.</b> .
الم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d		11d		х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11a		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 ie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>		21	
124	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, 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 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		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		<u> </u>
$D \wedge A$		Гс	, aar	(2022)

P	art IV Checklist of Required Schedules (continued)		Ī.,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	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	27		x
28	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties? (See the Schedule	27		_^
20	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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 2002 if "Vee" complete Schedule I. Part IV	20h		X
c	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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
38			x	
P	19? Note: All Form 990 filers are required to complete Schedule O.  art V Statements Regarding Other IRS Filings and Tax Compliance			
Г	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is concodic C contains a response of note to any line in this rait v	· · · · · · · · · · · · · · · · · · ·	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26		103	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		

17

17

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Section 501(c)(21) organizations. Did the trust, 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?

State the name, address, and telephone number of the person who possesses the organization's books and records. ANNE GINGERICH 4801 LINDLE ROAD

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

X Own website Another's website X Upon request Other (explain on Schedule O)

and financial statements available to the public during the tax year.

HARRISBURG

DAA

PA 17111 717-236-8584

Form **990** (2023)

orm 990 (2023)	PENNSYLVANTA	ASSOCTATION	OF

22-2561834

Page 7

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	(C) Position o not check more than one ix, unless person is both an ficer and a director/trustee)		(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANNE GINGERICH	40.00									
EXECUTIVE DIRECTOR	40.00			x				94,923	0	10,561
(2) TOLULOPE OMODAR		4/	20	23	)		7	71/723	•	10,301
	1.00									
DIRECTOR	0.00	X					4	0	0	0
(3) IFEOMA ADUBA										
DIRECTOR	2.00 0.00	х						0	0	0
(4) KRISTY AURAND	0.00	<u> </u>					$\dashv$			
(,,=======	2.00									
DIRECTOR	0.00	X						0	0	0
(5) HASSHAN BATTS										
	1.00									
DIRECTOR	0.00	Х					4	0	0	0
(6) MARY BULA	2.00									
SECRETARY	0.00	x		x				0	o	0
(7) BETH DOCHERTY	0.00	Λ		Λ			$\dashv$	<u> </u>	<u> </u>	<u> </u>
(1) 22111 2001121111	3.00									
PRESIDENT	0.30	X		х				0	0	0
(8) MARIANNE FRAY										
	1.00									
DIRECTOR	0.00	X					_	0	0	0
(9) PATRICIA GENDLE										
TREASURER	2.00	₹.		<b>37</b>				^	_	0
(10) ADAM HOSEY	0.00	Х		Х			$\dashv$	0	0	<u> </u>
(10)ADAM HOSEI	2.00									
DIRECTOR	0.00	x						0	o	0
(11) BONNIE JOHNSON							$\dashv$			
	1.00									
DIRECTOR	0.30	X						0	0	0

Fait VII Section A. Onicei	s, Directors, Ti	usi	ccs,	rvey		ipioy	CCS	, and ingliest compens	ated Employees (continu	eu)			
(A) Name and title	(B) Average hours	òo	k, unle	Pos heck ss pe	rson	than of the state	an	(D)  Reportable compensation	(E) Reportable compensation		(F) timated of oth	amount ier	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from t ganization ted orga	he on and	s
(12) PHIL KOCH						ğ							
(12)	1.00								_				_
DIRECTOR (13) ANGUS MURRAY	0.00	Х						0	0				0
(13) ANGUS MURRAY (13)	2.00												
DIRECTOR	0.00	x						0	o				0
(14) MILENA OBERT	I-LANZ												
(14)	2.00												_
VICE PRESIDENT (15) LOUANN ROSS	0.00	Х		X				0	0				0
(15) LOUANN ROSS (15)	1.00												
DIRECTOR	0.00	x						0	0	i			0
(16) KRISTEN ROTZ													
(16)	1.00								_	i			_
DIRECTOR (17) DOLLY MIDEMA	0.00	Х						0	0				0
(17) DOLLY WIDEMA (17)	1.00												
DIRECTOR	0.00	x						0	0	i			0
(18) BRANDON WILE	Y												
DIRECTOR	1.00	х						0	0				0
(19)													
1b Subtotal								94,923			1	LO,5	561
c Total from continuation she								04 022				0 1	1
d Total (add lines 1b and 1c)  Total number of individuals (ir								94,923	n \$100,000 of	<u>i</u>		LO,5	<u>оот</u>
reportable compensation from	•		0	- 110	JO 11		<u> </u>	we) who received more the					
2 Did the ergonization list on the	annan officer d	iroot	or tr	uoto	م اد		mala	voo or highest sampanas	tad	ļ		Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,									iea		3		Х
4 For any individual listed on lin													
organization and related orga individual	inizations greate					П "Υ	es,	complete Schedule J for s	sucn		4		Х
5 Did any person listed on line	1a receive or a	ccrue	cor	nper	sati						_		٠,,
for services rendered to the of Section B. Independent Contract	_	Yes,	" coi	mple	te S	ched	lule	J for such person			5		X
1 Complete this table for your fi		pens	ated	inde	eper	dent	cor	ntractors that received more	e than \$100,000 of				
compensation from the organ	ization. Report of							ndar year ending with or w	rithin the organization's tax	year.		(C)	
Name and	(A) I business address							Descrip	(B) tion of services		Co	(C) mpensat	ion
2 Total number of independent received more than \$100,000								ose listed above) who	0				
TOURING HIGH P100,000	or compensation	,, , , , (I)	7111 U	i U	yan	بدهيار	/11		U				

Pa	rt V			of Revenue	ntains	a respo	nse or not	e to any line in	this Part VIII		
		Official	1 001	icadic O coi	itairis	а гозро	130 01 1100	(A)	(B) Related or exempt	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
م. ۵۰											sections 512-514
ant	1a	Federated cam	paigns	S	1a						
عَ ق	b	Membership du	es		1b						
Ę,	С	Fundraising eve	ents .		1c						
필편	d	Related organiz	zations	3	1d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (			1e						
	1	All other contributions and similar amounts r			1f	]	.89,153				
들	g	Noncash contributions	include	d in							
g		lines 1a-1f			1g		-	100 153			
<u>ත</u>	h	Total. Add lines	s 1a–1	<u> †</u>				189,153			
٠.						ŀ	Business Code	226 202	226 202		
vice	2a	*						226,202 135,699	226,202 135,699		
Se	b							88,493	88,493		
Z Ser	C	PROGRAM IN						12,488	12,488		
Program Service Revenue	a			IIP SERVICES				12,400	12,400		
Pro	e e			vice revenue							
	l	All other progra					+	462,882			
		Total. Add lines Investment inco						102,002			
		other similar an						1,364			1,364
	4	Income from inv	/estme	nt of tax-exem	nt bond	d proceeds		_,			_,
	5	Royalties			•	•		84,214			84,214
		.,		(i) Real			ersonal	-			-
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	_d		ne or	(loss)							
	7a	Gross amount from sales of assets		(i) Securitie	s	(ii)	Other				
		other than inventory	7a								
Revenue	b	Less: cost or other									
Ve		basis and sales exps.	7b								
	С	Gain or (loss)	7c								
ther		Net gain or (los			$\overline{}$	<u> </u>					
ŏ	8a	Gross income from		raising events							
		(not including \$									
		of contributions re									
	١.	1c). See Part IV, I			8a						
	I	Less: direct exp			8b	_					
	I	Net income or (			g events	s I					
	ya	Gross income for activities. See F									
	h	Less: direct exp			9a 9b		-				
	ı	Net income or (									
	I	Gross sales of			Tivilles						
	.00	returns and allo		•	10a						
	ь	Less: cost of go			10b						
	I	Net income or (				'					
s					,		Business Code				
e gon	11a										
ane	b										
Miscellaneous Revenue	С										
Sign R	d	All other revenu									
	I	Total. Add lines	11a-	-11d			<u></u>				
	12	Total revenue.	See	instructions				737,613	462,882	0	85,578

#### Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must co		other organizations must o	complete column (A).	
	Check if Schedule O contains a respon		this Part IX		X
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	105,484	80,009	14,011	11,464
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	221,256	168,216	29,133	23,907
8	Pension plan accruals and contributions (include			-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,728	15,389	2,967	2,372
10	Payroll taxes	23,407	17,826	3,109	2,372 2,472
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting	25,616		25,616	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O.)	185,755	146,209	39,546	
12	Advertising and promotion	480	-	480	
13	Office expenses	13,229	8,626	3,884	719
14	Information technology	_	Ž	_	
15	Royalties				
16	Occupancy	19,065	14,443	2,722	1,900
17	Travel	557	135	422	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,310	22,310		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,301		10,301	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	RACIAL JUSTICE PROGRAM	40,986	40,986		
b	DUES AND SUBSCRIPTIONS	24,602	18,574	5,175	853
С	ADVOCACY EXPENSES	15,654	14,404	1,250	
d	BANK/CREDIT CARD FEES	9,628	7,703	662	1,263
е	All other expenses	11,143	8,630	2,502	11
25	Total functional expenses. Add lines 1 through 24e	750,201	563,460	141,780	44,961
26	Joint costs. Complete this line only if the		-		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
_	following SOP 98-2 (ASC 958-720)				
DAA		<u> </u>			Form <b>990</b> (2023)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 285 315 Cash—non-interest-bearing 1 Savings and temporary cash investments 325,145 237,763 2 Pledges and grants receivable, net 3 Accounts receivable, net 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 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 4,319 3,845 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 1,250 1,250 Other assets. See Part IV, line 11 15 15 330,999 Total assets. Add lines 1 through 15 (must equal line 33) 243,173 16 16 Accounts payable and accrued expenses 569 6,164 17 17 Grants payable 18 18 122,287 Deferred revenue 19 50,311 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, 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 26,101 17,244 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 73,719 148,957 26 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here X **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 159,740 22,302 151,237 18,217 Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. Capital stock or trust principal, or current funds ..... 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .....

243,173 Form **990** (2023)

169,454

31

32

33

182,042

330,999

31

32

Š

orn	n 990 (2023) PENNSYLVANIA ASSOCIATION OF 22-2561834		Pag	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			╜
1	Total revenue (must equal Part VIII, column (A), line 12)			<u> 513</u>
2	Total expenses (must equal Part IX, column (A), line 25)			201
3	Revenue less expenses. Subtract line 2 from line 1	-1	2,5	<u> 588</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	18	32,0	042
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	16	59 <b>,</b> 4	<u> 454</u>
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>		X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	3b		
		Form	990	(2023)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

Employer identification number 22-2561834

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 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, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Schedule A (Form 990) 2023 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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						_
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
		(and instructions)				12	
12 13	Gross receipts from related activities, etc. <b>First 5 years.</b> If the Form 990 is for the company of the company	(see instructions)	cocond third for	urth or fifth toy you	ar as a section FO		
13	organization, check this box and <b>stop he</b>	•		•			
Sec	tion C. Computation of Public S		entage				
<u> </u>	Public support percentage for 2023 (line 6			ımn (f))		14	%
15	Public support percentage from 2022 Sch	edule A. Part II. lir	ne 14	(1)/		15	<u>%</u>
	<b>33 1/3% support test</b> — <b>2023.</b> If the org	anization did not c	heck the box on I	ine 13. and line 14	4 is 33 1/3% or mo	ore. check this	
	box and <b>stop here.</b> The organization qua			4!			
b	<b>33 1/3% support test — 2022.</b> If the org						
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test — 2						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa organization					·	
b	<b>10%-facts-and-circumstances test</b> — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the	n meets the facts-	and-circumstance:	s test, check this I	box and stop here	e. Explain	
18	organization  Private foundation. If the organization d	id not check a box	on line 13, 16a,	16b, 17a, or 17b,	check this box and	see	
	instructions	·····		· · · · · · · · · · · · · · · · · · ·	<u></u>		<u></u>

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

(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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	118,515	166,614	154,574	262,210	189,153	891,066
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	448,595	376,595	394,591	383,553	462,882	2,066,216
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	<b>Total.</b> Add lines 1 through 5	567,110	543,209	549,165	645,763	652,035	2,957,282
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	17,688	17,520	19,556	17,101	13,125	84,990
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	2,111	4,772	33,304			40,187
С	Add lines 7a and 7b	19,799	22,292	52,860	17,101	13,125	125,177
8	Public support. (Subtract line 7c from line 6.)						2,832,105
Sec	tion B. Total Support					•	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	567,110	543,209	549,165	645,763	652,035	2,957,282
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	76,765	84,543	93,228	83,045	85,578	423,159
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	76,765	84,543	93,228	83,045	85,578	423,159
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 assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	643,875	627,752	642,393	728,808	737,613	3,380,441
14	First 5 years. If the Form 990 is for the organization, check this box and stop he			•		I(c)(3)	
Sec	tion C. Computation of Public S						
15	Public support percentage for 2023 (line 8	3, column (f), divide	ed by line 13, colu	ımn (f))		15	83.78 %
16	Public support percentage from 2022 Sch	nedule A, Part III, li	ne 15				83.78 %
<u>Sec</u>	tion D. Computation of Investm						
17	Investment income percentage for 2023 (			13, column (f))		17	13%
	nvestment income percentage from 2022 S						13 %
_	33 1/3% support tests — 2023. If the or 17 is not more than 33 1/3%, check this b	oox and stop here.	. The organization	qualifies as a pu	blicly supported o	rganization	
b	33 1/3% support tests — 2022. If the or line 18 is not more than 33 1/3%, check the	=					
20	Private foundation. If the organization d	lid not check a box	on line 14, 19a, o	or 19b, check this	box and see instru		

#### Schedule A (Form 990) 2023 Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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).
- 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?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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.
- 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.
- 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.
- 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
ŀ	1		
	2		
	3a		
- 1	3b		
Ì			
	3с		
-	4a		
	4b		
	4c		
H	40		
ļ	5a		
ŀ	5b 5c		
l	30		
ŀ	6		
- 1	7		
ŀ			
ı	8		
Ī			
H	9a		
- 1	9b		
ł	JU		
	9с		
	40		
ł	10a		
	10b		
chec	dule A	(Form 9	90) 2023

Schedule A (Form 990)

**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.

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.

3a

3b

Sched	ule A (Form 990) 2023 PENNSYLVANIA ASSOCIATION OF	?	22-2561	834 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	), 1970 (explain in Part VI)	. See
	instructions. All other Type III non-functionally integrated supporting organizations mu	ust co	mplete Sections A through	E.
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
€	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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-functionally integrated	d Type	e III supporting organization	n

(see instructions).

Schedule A (Form 990) 2023

8 Breakdown of line 7: a Excess from 2019

c Excess from 2021d Excess from 2022e Excess from 2023

**b** Excess from 2020 .....

Schedule A (For	rm 990) 2023	PENNSY	LVANIA	ASSOCIA	ATION C	F	22-2561834	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. F IV, Section A, I 2; Part IV, Section t V, line 1; Part	Provide the ines 1, 2, 3 on C, line 7	explanation 3b, 3c, 4b, 4 1; Part IV, S B, line 1e;	ns required 4c, 5a, 6, 9 Section D, I Part V, Se	by Part II, line 2a, 9b, 9c, 11a ines 2 and 3; action D, lines	e 10; Part II, line 17a I, 11b, and 11c; Part Part IV, Section E, lin 5, 6, and 8; and Part	or 17b; Part V, Section es 1c, 2a, 2b
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DAA Schedule A (Form 990) 2023

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

OMB No. 1545-0047

Employer identification number

2023

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS 22-2561834 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

## PENNSYLVANIA ASSOCIATION OF

Employer identification number 22-2561834

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	GIANT FOOD STORES P.O. BOX 7200  CARLISLE PA 17013	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MUTUAL OF AMERICA LIFE INSURANCE CO 320 PARK AVENUE  NEW YORK  NY 10022		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4  UPMC 600 GRANT STREET, 59TH FLOOR  PITTSBURGH PA 15219	Total contributions  \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.4	EMERSON REID LLC 350 FIFTH AVENUE, SUITE 3700 NEW YORK NY 10118	\$ 36,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PROVIDENT BANK FOUNDATION P.O. BOX 1001 ISELIN NJ 08830	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

# SCHEDULE C (Form 990)

#### 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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2023
Open to Public Inspection

Department of the Treasury

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:

-	(see separate instructions), then:				
	Section 501(c)(4), (5), or (6) organizations: Complete Part I				
Nam	e of organization PENNSYLVANIA ASSOCI				tification number
<u> </u>	NONPROFIT ORGANIZAT		(a) an in a an	22-25618	
	t I-A Complete if the organization is exe	•	<del>`</del>		zation.
1	Provide a description of the organization's direct and indirect and in	ect political campaign activitie	s in Part IV. See i	instructions for	
•	definition of "political campaign activities."			•	
2	Political campaign activity expenditures. See instructions			\$	
	Volunteer hours for political campaign activities. See instr t I-B Complete if the organization is exe				
				Ф.	
1 2	Enter the amount of any excise tax incurred by the organic Enter the amount of any excise tax incurred by organization	on managers under section 4955		Ф ¢	
3	If the organization incurred a section 4955 tax, did it file F	form 4720 for this year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ψ	Yes No
	14/ (* 1.0				
	Vas a correction made?				
_	rt I-C Complete if the organization is exe	mpt under section 501	(c), except se	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	_	· /·		
	activities	•		\$	
2	Enter the amount of the filing organization's funds contribution				
	527 exempt function activities	·		\$	
3	Total exempt function expenditures. Add lines 1 and 2. Er				
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this year	ar?			Yes No
5	Enter the names, addresses, and employer identification r				
	organization made payments. For each organization listed	d, enter the amount paid from	the filing organiza	tion's funds. Also ente	r
	the amount of political contributions received that were pro-	omptly and directly delivered t	o a separate politi	ical organization, such	
	as a separate segregated fund or a political action commi	ttee (PAC). If additional space	is needed, provid	le information in Part I	V.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runus. Il rione, enter -o	delivered to a separate
					political organization. If none, enter -0
					ii fiorie, enter -o
(1)					
(2)					
(2)					
(2)					
(3)					
(4)					
(*/					
(5)					
,					
(6)					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### 4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

L	obbying Expenditu	res During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	(d) 2023	<b>(e)</b> Total
2a Lobbying nontaxable amount	297,793	298,550	303,390	305,445	1,205,178
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,807,767
c Total lobbying expenditures	9,013	4,996	6,263	17,074	37,346
d Grassroots nontaxable amount	74,448	74,638	75,848	76,361	301,295
e Grassroots ceiling amount (150% of line 2d, column (e))					451,943
f Grassroots lobbying expenditures	4,780	2,912	3,786	10,299	21,777

Schedule C (Form 990) 2023

GRASSROOTS DIRECT TOTAL OTHER

EXCESS GRASSROOTS EXCESS LOBBYING

HEALTH ALLIANCE FOR NONPROFITS 25-1723744

7000 STONEWOOD DRIVE, STE. 251

DAA Schedule C (Form 990) 2023

Schedule C (Form 99			LVANIA ASSOC	IATION OF	22-2561834	Page <b>4</b>
Part IV	Supplemental	Informatio	n (continued)			
WEXFORD,	PA 15090	)				
\$			0 \$	0 \$	2,358,707	
	\$	0	\$	0		
PENNSYLV	ANIA ASSO	CIATION	OF	22-2561834		
4801 LIN	DLE ROAD					
HARRISBU	RG, PA 1	7111				
\$	10,299	\$	6,775 \$	17,074 \$	733,127	
	\$		\$			
	. <b>Y</b>		<b>X</b>	<b>v</b>		

#### 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.

OMB No. 1545-0047 Open to Public

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

Inspection

	of the organization		Employer identification number
	ENNSYLVANIA ASSOCIATION OF		
	ONPROFIT ORGANIZATIONS		22-2561834
Pa	Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization answered of the Complete if the Organization and Organi		or Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements		
	Complete if the organization answered "Yes" of		
1	Purpose(s) of conservation easements held by the organization (che	—	
	Preservation of land for public use (for example, recreation or e	ducation) Preservation of a historically	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 cor	nservation contribution in the form of a cor	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure i		2c
d		er July 25, 2006, and not	
			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organiz	zation during the
	tax year		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic n		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation eas	ements during the year
_			(n)
8	Does each conservation easement reported on line 2d above satisfy	y the requirements of section 170(h)(4)(B)	
_			
9	In Part XIII, describe how the organization reports conservation ease	•	
	sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	nization's financial statements that describe	es the
D		rt Historical Tracquires or Oth	or Similar Assats
F	organizations Maintaining Collections of A Complete if the organization answered "Yes" of Complete if the organization answered of Complete if the Organization and Compl		er Similar Assets
	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exh		
	service, provide in Part XIII the text of the footnote to its financial sta		·
b			sheet works of
	art, historical treasures, or other similar assets held for public exhibit		
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets in absolute in Famou 000, Don't V		Φ.
2	If the organization received or held works of art, historical treasures,		
-	following amounts required to be reported under FASB ASC 958 rel		•
а	Revenue included on Form 990, Part VIII, line 1	=	<b>\$</b>
	Assets included in Form 990 Part X		¢

c Leasehold improvementsd Equipment

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

Part VII	Investments - Other Securities		_
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely he	ld equity interests		
(3) Other			
///			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related		
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" or	Form 990. Part IV.	line 11d. See Form 990. Part X. line 15.
	(a) Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
	Complete if the organization answered "Yes" or	Form 990. Part IV.	line 11e or 11f. See Form 990. Part X.
	line 25.		
1.	(a) Description of liability		(b) Book value
	income taxes		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n /h) must equal Form 000 Post V line 25 and /D))		
	n (b) must equal Form 990, Part X, line 25, col. (B))	otnoto to the arganization	a financial statements that reports the
LIADILITY TOT	uncertain tax positions. In Part XIII, provide the text of the for	outole to the organization?	s imancial statements that reports the

Schedule D (Form 990) 2023 PENNSYLVANIA ASSOCIATION OF	22-25618	34	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial State			<u> </u>
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	737,613
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	737,613
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	737,613
Part XII Reconciliation of Expenses per Audited Financial Stat		per Retu	rn
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	750,201
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	750,201
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	750,201
Part XIII Supplemental Information			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	4; Part X, lir	ne
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		
PART X - FIN 48 FOOTNOTE			
THE ASSOCIATION IS EXEMPT FROM FEDERAL INC	OME TAXES UNDER	SECTI	ON
501/G)/2) of mys tymppyy primary dobb yo		DO16 GE	
501(C)(3) OF THE INTERNAL REVENUE CODE. HO	WEVER, INCOME F	ROM CE	KTAIN
INDELAND DISCINESS ASSESSMENT OF STREET		3.C TDT	
UNRELATED BUSINESS ACTIVITIES MAY BE SUBJE	CT TO TAXALION	AS UNI	KELATED
BUSINESS INCOME. ASC NO. 740-10, INCOME TA	VEC DDECCDIDEC	7 CO	IDDEUENICTIE
BUSINESS INCOME. ASC NO. 740-10, INCOME IF	MES, PRESCRIBES	A COL	ILKEUEMOTAE
MODEL FOR HOW AN ORGANIZATION SHOULD MEASU	IDE DECOCNITE	DDFCFN	רוא א ידי
MODEL FOR NOW AN ORGANIZATION SHOULD MEASO	RE, RECOGNIZE,	LKESEN	I, AND
DISCLOSE UNCERTAIN TAX POSITIONS TAKEN ON	TTC TAY DETIIDNO	ישר	<b>AGGOCTATTO</b>
DIDCHODE UNCERTAIN TAX TODITIOND TAKEN ON	IID IAA KEIONNE	•	ADDOCTATIO
BELIEVES THAT IT HAS APPROPRIATE SUPPORT F	OR TAX POSITION	S TAKE	N AND, AS
SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSI	TIONS THAT ARE	MATERI	AL TO THE
FINANCIAL STATEMENTS. THE ASSOCIATION'S TA	X RETURNS REMAI	N SUBJ	ECT TO
EXAMINATION FOR YEARS ENDED DECEMBER 31, 2	019 AND AFTER.		

Schedule D	(Form 990) 2023	P:	ENNSYLVANIA	ASSOCIATION	OF	22-2561834	Page <b>5</b>
Part XIII	Suppleme	ntal	Information (cor	ASSOCIATION tinued)			
	•		,	,			
• • • • • • • • • • • • • • • • • • • •							
							• • • • • • • • • • • • • • • • • • • •

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization PENNSYLVANIA ASSOCIATION OF

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

22-2561834 NONPROFIT **ORGANIZATIONS** FORM 990, PART III - ADDITIONAL INFORMATION PART III, 4B: EDUCATION AND RESOURCES (CONTINUED): IN 2023, AN ESTIMATED 1,895 INDIVIDUALS INTERACTED WITH STANDARDS RESOURCES IN SOME WAY, DOWNLOADING STANDARDS EDUCATIONAL PACKETS, ENGAGING WITH PANO'S ASK PANO HELPDESK SERVICES, PARTICIPATING IN STANDARDS WEBINARS TRAININGS. 36 ORGANIZATIONS IN PENNSYLVANIA ARE CURRENTLY STANDARDS ACCREDITED OR RECOGNIZED. ALL INFORMATION ABOUT THE STANDARDS FOR EXCELLENCE PROGRAM CAN BE FOUND AT WWW.PANO.ORG/STANDARDS-FOR-EXCELLENCE. ONLINE/IN-PERSON WORKSHOPS: IN 2023, PANO OFFERED 74 WORKSHOPS TO 2,476 PARTICIPANTS. WORKSHOPS FOCUSED ON HUMAN RESOURCES, STRATEGIC AND FINANCIAL PLANNING, ADVOCACY, BOARD GOVERNANCE, AND MORE. ANNUAL CONFERENCE: CONDUCTED IN PARTNERSHIP WITH THE ALLIANCE FOR NONPROFIT RESOURCES, THE GREATER PITTSBURGH NONPROFIT PARTNERSHIP, AND VILLANOVA UNIVERSITY, PANO'S ANNUAL CONFERENCE WAS THE MAJOR EDUCATIONAL EVENT OF 2023, CONVENING 128 INDIVIDUALS BOTH VIRTUALLY, AND AT REGIONAL IN-PERSON EVENTS. THE CONFERENCE THEME WAS LANDING THE PLANE WITHOUT WRECKING IT AND INCLUDE WORKSHOP TRACKS ON CARING FOR THE CREW, FUELING THE FLIGHT, PILOTING THE PLANE, AND MORE RELATED TO MANAGING AND GOVERNING A STRONG NONPROFIT ORGANIZATION.

AS A RESULT OF ATTENDING PANO'S EDUCATIONAL PROGRAMS: 96% REPORTED THAT

THEY WOULD MAKE A POSITIVE CHANGE IN THEIR ORGANIZATIONS; 100% REPORTED

THEY WOULD IMPROVE MISSION EFFECTIVENESS; 98% FELT BETTER ABLE TO FULFILL
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization Employer identification number PENNSYLVANIA ASSOCIATION OF 22-2561834

THEIR JOB DUTIES; 88% REPORTED THAT THEY WOULD IMPROVE OPERATIONAL
EFFECTIVENESS (E.G., UNDERSTANDING THE 990, SOCIAL MEDIA, HR PROCEDURES);
87% REPORTED THEY WOULD IMPROVE GOVERNANCE EFFECTIVENESS (E.G.,
UNDERSTANDING BYLAWS); 82% REPORTED THAT THEY WOULD IMPROVE FUNDRAISING
EFFECTIVENESS; AND 83% REPORTED THEY WOULD IMPROVE ADVOCACY EFFECTIVENESS.
PART III, PART 4C, CONSULTING SERVICES (CONTINUED):
ADVOCACY PROGRAM: PANO WAS FOUNDED FOR THE PURPOSE OF PROVIDING A VOICE FOR
THE NONPROFIT SECTOR AT THE STATE CAPITOL. PANO UNIQUELY MONITORS AND ACTS
ON LEGISLATION THAT GLOBALLY AFFECTS COMMUNITY BENEFIT ORGANIZATIONS, SUCH
AS TAX EXEMPTION AND CHARITABLE TAX DEDUCTIONS. IN 2023, PANO TRAINED 975
INDIVIDUALS ABOUT HOW TO ADVOCATE AND LOBBY FOR THEIR CAUSES. IN ADDITION,
PANO HELD TWO (2) BRIEFINGS FOR STATE LEGISLATORS, AND PRESENTED A JOINT
BUDGET PRESENTATION TO HOUSE AND SENATE APPROPRIATIONS COMMITTEES. PANO
ALSO SUPPORTED THREE (3) RALLIES IN HARRISBURG, ASSISTED IN GENERATING OVER
2,000 SIGNATURES ON A PETITION TO INCREASE STATE REIMBURSEMENT, AND
SUPPORTED THE REIGNITION OF THE PA CHARITABLE NONPROFIT CAUCUS.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
MEMBERS INCLUDE NON-PROFIT ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS.
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
BOARD MEMBERS ARE ELECTED BY THE ORGANIZATION'S MEMBERS.
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
MEMBERS HAVE THE OPPORTUNITY TO VOTE ON BOARD MEMBERS VIA AN ONLINE SURVEY
EACH YEAR.

Schedule O (Form 990) 2023 Page 2

Name of the organization

Employer identification number

PENNSYLVANIA ASSOCIATION OF

22-2561834

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE DIRECTOR PERFORMS AN INITIAL REVIEW. ONCE APPROVED, A DRAFT

COPY OF THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AND THE BOARD

TO REVIEW AND APPROVE BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

PANO HAS A FORMAL WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES EACH

BOARD MEMBER AND STAFF TO DISCLOSE ANY SITUATIONS OR PERCEPTIONS OF

CONFLICT ANNUALLY. THE QUESTIONNAIRES ARE GATHERED AND REVIEWED BY THE

BOARD AND MAINTAINED BY THE ASSOCIATION. SHOULD AN ACTUAL OR POTENTIAL

CONFLICT BE PRESENT, THE INTERESTED PERSON SHALL NOT PARTICIPATE IN OR BE

PRESENT DURING THE DELIBERATIONS AND DECISION-MAKING WITH RESPECT TO SUCH

CONFLICT. THE INTERESTED PARTY MAY PROVIDE FACTUAL INFORMATION ABOUT THE

PROPOSED TRANSACTION. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY

MENTIONED AS BEING SOURCES OF POTENTIAL CONFLICTS WITH INTERESTED PERSONS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE FOR PANO.
THROUGH THE FILTER OF THE PERSONNEL FUNCTION, THE COMMITTEE REFERS TO
COMPENSATION COMPARISON STUDIES TO DETERMINE MARKET VALUE OF COMPENSATION
AND BENEFITS FOR KEY STAFF. BASED ON PERFORMANCE REVIEWS, JOB DESCRIPTION,
DECISION MAKING, KNOW HOW AND RESPONSIBILITY, THE EXECUTIVE COMMITTEE
APPROVES THE COMPENSATION AND BENEFITS AND REPORTS THE ACTION TO THE ENTIRE
BOARD.

THE EXECUTIVE COMMITTEE CONFERS WITH STUDIES, HUMAN RESOURCE CONSULTANTS, AND LAWYERS TO DETERMINE THE ADVISABILITY OF DECISIONS MADE IN THIS REGARD.

PAGE 2 OF 4

Schedule O (Form 990) 2023 Page 2 Employer identification number Name of the organization PENNSYLVANIA ASSOCIATION OF 22-2561834 FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SAME PROCESS AS DESCRIBED FOR LINE 15A FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE IRS 990 AND THE ANNUAL REPORT ARE ALSO AVAILABLE ON OUR WEBSITE (WWW.PANO.ORG). FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION MGT & GENERAL TOT/PROG SERVICE **FUNDRAISING** \$ 0 146,209 IT SUPPORT \$ 6,000 OTHER PROFESSIONAL SERVICES \$ 33,546 TOTAL \$ 146,209 \$ 39,546 FORM 990, PART XII - ADDITIONAL INFORMATION THE FINANCIAL STATEMENTS OF THE ASSOCIATION HAVE BEEN PREPARED ON THE MODIFIED CASH BASIS OR ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE ASSOCIATION RECORDS REVENUE WHEN RECEIVED RATHER THAN WHEN EARNED AND EXPENSES ARE RECORDED WHEN PAID RATHER THAN WHEN THE OBLIGATION IS INCURRED. MODIFICATIONS TO THE CASH BASIS OF PAGE 3 OF 4

Schedule O (Form 990) 2023 Name of the organization	Page 2
	Employer identification number
PENNSYLVANIA ASSOCIATION OF	22-2561834
ACCOUNTING INCLUDE RECEIVABLES FOR REIMBURSEMENT OF	EXPENSES; AND
PAYROLL WITHHOLDINGS AND ESCROWED FUNDS AS LIABILITI	ES.
·	
	PAGE 4 OF 4

# SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

Employer identification number

22-2561834

Part I Identification of Disregarded Entities. Complete if the	e organization a	nswered "Yes" o	on Form 990, P	art IV, line 3	33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicil or foreign co	e (state Tota ountry)	(d) al income	(e) End-of-year assets	(f) Direct con entity	
(1)							
(2)							
(3)							
(4)	··						
(5)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the let tax year.	e organization a	nswered "Yes" (	n Form 990	0, Part IV, line 34, I	oecause it	had
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501)	status (c)(3)) (f) Direct controlling entity	Section 5 controller	g) 512(b)(13) d entity?
(1) HEALTH ALLIANCE FOR NONPROFITS 7000 STONEWOOD DRIVE, SUITE 251 25-1723744 WEXFORD PA 15090	HEALTH INS	PA	501C4		N/A		x
(2)							
(3)							
(4)							
(5)							
							1

chedule R (Form 990) 2023	PENNSYLVANIA	ASSOCIATION	$\mathbf{OF}$	
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Schedule F	R (Form 990) 2023 PENNSYLVANIA ASSO	CIATION C	F		561834										Page
Part III	Identification of Polated Organiza	tions Taxab	le as	a Partnersh ted as a partr	<b>ip.</b> Complete in ership during	f the organi the tax yea	zation a ar.	nswered "Y	es" o	n F	orm 99	0, Part I	√, lin	e 34,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tot income		(g) Share of end-of- year assets	Dis porti allo	h) pro- onate oc.?	amour of Sch	(i) e V—UBI nt in box 20 nedule K-1 m 1065)	(j) Genera managi partne	I or Peri ing OW r?	(k) centage nership
(1)			country)						Yes	No			Yes 1	NO	
(2)															
(3)													+		
(4)															
Part IV	Identification of Related Organizal line 34, because it had one or more	t <b>ions Taxab</b> l related orga	<b>le as</b> nizati	a Corporations treated as	<b>on or Trust.</b> C s a corporation	Complete if on or trust du	the orga uring the	nization ans tax vear.	swere	ed "	Yes" or	า Form 9	90, F	Part I\	/,
	(a) Name, address, and EIN of related organization	(b) Primary activi		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	Share	(f) e of total come	S end-of	(g) hare d year		(h) Percent owners	age	Se 512 con	(i) ction (b)(13) trolled
														Yes	No
(1)															
(2)															
• • • • • • • • • • • • • • • • • • • •															
(3)															
(4)															
		1				I	1					1			1

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re-						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1i		х
• • • • • • • • • • • • • • • • • • • •						
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
l Performance of services or membership or fundraising solicitations for related organization(s)				11		х
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		х
o Sharing of paid employees with related organization(s)				10		х
o chaining of paid employees with related organization(s)						
n Reimburgement paid to related organization(c) for expenses				1р		х
p Reimbursement paid by related organization(s) for expenses				1g		х
q Reimbursement paid by related organization(s) for expenses				19		
P. Other transfer of each or property to related organization(c)				1r		х
<ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>				1s		x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the				15		
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining amo	unt involv	/ed	
·	type (a-s)		· ·			
(1)						
17						
(2)						
<del>(-)</del>						
(3)						
(9)						
(4)						
(4)						
<b>(5)</b>						
(5)						
(6)						
(6)						

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	gal Predominant icile income (related, e or unrelated, excluded eign from tax under	nant Are all partners Share of Share of Disproportionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(d) (e) Predominant Are all partners Some (related, section lated, excluded 501(c)(3) organizations?		Share of end-of-year			Share of Disproportionate Code V—L allocations? amount in both assets				Code V—UBI amount in box 20 of Schedule K-1	Gene mana parti	ral or aging	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>					
(1)													I					
(2)																		
(3)																		
(4)																		
•																		
(5)																		
(6)																		
•																		
(7)																		
(8)																		
(9)																		
(10)																		
(11)																		
		1						1	1									

Schedule R (F	orm 990) 2023	PENNSYLVANIA	ASSOCIATION	OF	22-2561834	Page <b>5</b>
Part VII	Supplement	ital Information.	responses to quest	ions on Schedi	ule R. See instructions.	
	1 TOVIGE age		responses to quest	ions on conca	die 14. dee matractions.	
• • • • • • • • • • • • • • • • • • • •						
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PANO PENNSYLVANIA ASSOCIATION OF

**Federal Statements** 

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FYE: 12/31/2023

22-2561834

### **Taxable Interest on Investments**

Description

Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or %) Amount

1,364 14

1,364 TOTAL

PANO PENNSYLVANIA ASSOCIATION OF

22-2561834

## **Federal Statements**

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FYE: 12/31/2023

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	 Total Expenses	 Program Service	nagement & General	 Fund Raising
CONSULTING IT SUPPORT OTHER PROFESSIONAL SERVICES	\$ 146,209 6,000 33,546	\$ 146,209	\$ 6,000 33,546	\$
TOTAL	\$ 185,755	\$ 146,209	\$ 39,546	\$ 0

#### Form 990, Part IX, Line 24e - All Other Expenses

Description	<u>E</u>	Total xpenses	Program Service	agement & General	 Fund Raising
WEBINARS AND WORKSHOPS	\$	7,860	\$ 7,860	\$	\$
STAFF AND BOARD TRAINING		2,227	683	1,544	
MEMBER SERVICES		759		759	
EQUIPMENT RENTAL/MAINT		192	10	181	1
SUPPLIES		105	 77	 18	 10
TOTAL	\$	11,143	\$ 8,630	\$ 2,502	\$ 11

PANO	PENNSYLVANIA	ASSOCIATION	OF
22-256	1834		

## **Federal Statements**

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### Schedule A, Part III, Line 1(e)

Description		Amount		
GRANTS AND CONTRIBUTIONS	\$	189,153		
TOTAL	\$	189,153		

#### Schedule A, Part III, Line 2(e)

Description	Amount
MEMBER DUES	\$ 226,202
PROGRAM INCOME	88,493
CONSULTING INCOME	135,699
OTHER MEMBERSHIP SERVICES	12,488
TOTAL	\$ 462,882

#### Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	 2019	_	2020	 2021	_	2022	 2023
BOARD OF DIRECTORS	\$ 17,688	\$	17,520	\$ 19,556	\$		\$
BOARD CONTRIBUTIONS						12,773	9,042
BOARD MEMBERSHIP						4,328	 4,083
TOTAL	\$ 17,688	\$	17,520	\$ 19,556	\$	17,101	\$ 13,125

PANO PENNSYLVANIA ASSOCIATION OF

Federal Statements

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### Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	 Total	 Excess
JRG ADVISORS	\$	\$
2019	8,550	2,111
EMERSON REID LLC		
2021	25,000	18,576
2020	11,050	4,772
LANCASTER COUNTY COMMUNITY FDTN		
2021	12,500	6,076
PROVIDENT BANK FOUNDATION		
2021	10,000	3,576
YOUR PART TIME CONTROLLER		
2021	 11,500	 5,076
TOTAL	\$ 78,600	\$ 40,187

PANO PENNSYLVANIA ASSOCIATION OF 22-2561834

## **Federal Statements**

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### Schedule A, Part III, Line 10a(e)

Description		Amount	
	\$	1,364	
ROYALTY INCOME		84,214	
TOTAL	\$	85,578	

PANO PENNSYLVANIA ASSOCIATION OF

Federal Statements

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22-2561834 FYE: 12/31/2023

Accounts payable - EOY

Description	 Amount			
ACCOUNTS PAYABLE	\$ 5,487			
OTHER LIABILITIES	 677			
TOTAL	\$ 6,164			