As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492204004129 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization PENNSYLVANIA ASSOCIATION FOR ☐ Address change GOVERNMENT RELATIONS 25-1669383 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 116 ☐ Final return/terminated (717) 939-1900 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return HARRISBURG, PA 17108 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www pagr org **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 Program service revenue including government fees and contracts 2 13,150 3 Membership dues and assessments 27,314 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 40,471 10 Grants and similar amounts paid (list in Schedule O) 10 2,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 29,250 13 13 Professional fees and other payments to independent contractors 650 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 270 16 Other expenses (describe in Schedule O) 16 11,415 17 17 Total expenses. Add lines 10 through 16 43,585 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,114 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 30,207 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 27,093 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

Director

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	е	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes	
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a	Yes	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	35c		
36		36	Yes	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			140
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9	o		
b	Gross receipts, included on line 9, for public use of club facilities	0		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed			
42a The	e organization's books are in care of ▶ OFFICERS Telephone no	(717)	939-190	n
1110				<u> </u>
	Located at ▶ 1802 BONNIE BLUE LANE MIDDLETOWN , PA ZIP + 4 ■	► <u>17057</u>		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
ט	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
c	Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	103	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
	explanation in Schedule O	44d		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meanin of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		tly in political campaid	n activities on behalf o	of or in opposition to				
6 Did the	e organization engage, directly or indirec ates for public office? If "Yes," complete	Schodulo C Bart I 📽						
		·				46		No
art VI	Section 501(c)(3) organization All section $501(c)(3)$ organizations	-	ons 47- 49b and 52	, and complete the	e tables	s for li	nes 50	and
	51. Check if the organization used Schedule	Ω to respond to any σ	uestion in this Part VI				г	7
	Check if the organization used Schedule	e o to respond to any q	descion in this rait vi			· · · i	Yes	No
Did the	e organization engage in lobbying activit	ies or have a section 50	01(h) election in effect	during the tay year?	[
	," complete Schedule C, Part II	· · · · · · · ·	or (iii) election in ellect	· · · · · ·		47		
Is the	organization a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete Sch	edule E	[48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?		[49a		
If "Yes	," was the related organization a section	527 organization? .			[49b		
Compl	ete this table for the organization's five l	nighest compensated e	mployees (other than o	officers, directors, tru	ı ıstees ar	nd key	employ	ees)
who ea	ach received more than \$100,000 of com	pensation from the org	janization If there is n	one, enter "None "				
(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health bene contributions to em benefit plans, a deferred compens	ployee ind		imated r compe	
NE								
Compl	number of other employees paid over \$ ete this table for the organization's five l nsation from the organization If there is	nighest compensated in		· · · · · · · · · · · · · · · · · · ·	►	an \$100	0,000 of	
Compl compe	ete this table for the organization's five I	nighest compensated ir s none, enter "None "		who each received r			0,000 of	
Compl compe	ete this table for the organization's five l nsation from the organization If there is	nighest compensated ir s none, enter "None "						
Compl compe	ete this table for the organization's five l nsation from the organization If there is	nighest compensated ir s none, enter "None "						
Compl compe	ete this table for the organization's five l nsation from the organization If there is	nighest compensated ir s none, enter "None "						
Compl compe	ete this table for the organization's five l nsation from the organization If there is	nighest compensated ir s none, enter "None "						
Compl compe	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	nighest compensated in s none, enter "None " each independent contr	actor					
Compl compe	ete this table for the organization's five l nsation from the organization If there is	nighest compensated in s none, enter "None " each independent contr	actor					
Complicompe NE	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe		
Complicompe NE I Total Did com er penaltwiedge ai	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s N	
Complicompe NE I Total Did com er penaltwiedge ai	number of other independent contractor the organization complete Schedule A? It pleted Schedule A	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s N	
Complicompe IE I Total Did com er penalt wledge ar any know	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s N	
Complicompe I Total Did com er penalt wledge ar any know	number of other independent contractor the organization complete Schedule A? It pleted Schedule A	rs each receiving over:	\$100,000	st attach a	(c)	Compe	s N	
Complicompe IE I Total Did com er penalt wledge ar any know	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over:	\$100,000	st attach a	ts, and mation o	Ye to the	s N	
Complication Competer Service Competer S	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over: NOTE. All section 501(continued this return, include Declaration of preparer's signature	\$100,000	st attach a 2019-07-23 Date Check fself-employed	nts, and mation o	Ye to the of which	s N	
Complication Competer Penaltiwedge at any know the competer Penaltiwedge at a competer Penaltiwedge at any know the competer Penaltiwedge at any know the competer Penaltiwedge at a competer Penaltiwedge	number of other independent contracto the organization complete Schedule A? Independent contractors of pleted Schedule A	rs each receiving over: NOTE. All section 501(continued this return, include Declaration of preparer's signature	\$100,000	st attach a edules and statement is based on all inform Date Check if self-employed Firm's EIN 2.	(c) Ints, and mation of PTIN P009709 3-217502	Ye to the of which	s N	
Complicompe NE Total Did com er penalt	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over : NOTE. All section 501(continued this return, include Declaration of preparer's signature Preparer's signature 8 & Walborn PC	\$100,000	st attach a 2019-07-23 Date Check fself-employed	(c) Ints, and mation of PTIN P009709 3-217502	Ye to the of which	s N	
Complicomped NE Total Did com er penalt wledge ar any know nre id eparer	number of other independent contracto the organization complete Schedule A? Independent contractors of pleted Schedule A	rs each receiving over : NOTE. All section 501(continued this return, include Declaration of preparer's signature Preparer's signature 8 & Walborn PC	\$100,000	st attach a edules and statement is based on all inform Date Check if self-employed Firm's EIN 2.	(c) Ints, and mation of PTIN P009709 3-217502	Ye to the of which	s N	

Form 990-EZ (2018)

Page **4**

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 25-1669383

Name: PENNSYLVANIA ASSOCIATION FOR

GOVERNMENT RELATIONS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
OUR SEMINARS AND MEETINGS PROVIDE OPPORTUNITIES FOR THE EXCHANGE OF EXPERIENCE AND OPINIONS THROUGH DISCUSSION, STUDY AND PUBLICATIONS, PROMOTED THE ART, SCIENCE, AND PRACTICE OF LOBBYING AND TO EDUCATE MEMBERS AND THE PUBLIC IN THE ADVANCEMENT, IMPROVEMENT, FUNCTION AND ROLE OF LOBBYING, AND DEVELOPED AND ENCOURAGED THE PRACTICE OF HIGH STANDARDS OF PERSONAL AND PROFESSIONAL CONDUCT AMONG LOBBYISTS OUR SEMINARS WERE ALSO CONDUCTED IN A COURSE OF STUDY FOR THE BENEFIT OF PERSONS DESIRING TO TRAIN THEMSELVES FOR THE PROFESSION, TO HOLD MEETINGS AND CONFERENCES FOR THE MUTUAL IMPROVEMENT AND EDUCATION OF THE MEMBERS AND DISSEMINATED DATA AND VALUABLE INFORMATION RELATIVE TO THE FUNCTIONS AND ACCOMPLISHMENTS OF THE PROFESSION OUR MEETINGS PROVIDED A MEANS TO COOPERATE IN LOCAL, REGIONAL OR NATIONAL GROUPS OF LOBBYISTS IN THE COMMON ENDEAVOR TO ADVANCE LOBBYING AS A PROFESSION, AND TO PROMOTE THE PURPOSE AND EFFECTIVENESS OF THE PROFESSION BY ANY AND ALL MEANS CONSISTENT WITH	28a		
THE PUBLIC INTEREST (Grants \$)			

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• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

2018

OMB No 1545-0047

DLN: 93492204004129

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for instructions and the latest information.

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

pen to Public Inspection

f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tax	ection 501(h)) Cc ider section 501(h	omplete Pa i)) Comple	rt II-A Do not ete Part II-B D	com o not	olete Part II-E : complete Pa	art II-A
	ky Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz							
Nar	ne of the organization				Employer id	entif	ication num	nber
	NSYLVANIA ASSOCIATION FOR ERNMENT RELATIONS				25-1669383			
Par	I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a sectio		niza	tion.	
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities in	n Part IV (s	see instructions	s for	definition of	
2	Political campaign activity expend	itures (see instructions)			>	\$_		
3	Volunteer hours for political camp	aign activities (see instructions)						
Par	I_B Complete if the organ	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	x incurred by the organization under se	ction 4955		>	\$_		
2	Enter the amount of any excise ta	ıx ıncurred by organızatıon managers ur	nder section 4955		•	\$_		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	his year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV		- F01/-\		F01/-\/			
		nization is exempt under sectio						
1	, ,	ed by the filing organization for section	•			\$ <u>-</u>		
2	function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527	exempt	\$_		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	lıne 17b	•	\$_		
4	Did the filing organization file For	m 1120-POL for this year?					☐ Yes	☑ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orga olitical org	anızatıon's fund anızatıon, such	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing	ount paid from organization's If none, enter -0-		(e) Amount (contributions) and promp directly deliving separate programme organization	s received otly and vered to a political If none,
1								
2								
3								
4								
5								
6								
or P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500849	Schedule ((Fo	rm 990 or 990	D-EZ) 2018

Grassroots ceiling amount

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN: 9	93492204004129	
SCHEDULE (Form 990 or 9 EZ)	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information to Form 990 or 990-EZ. • Go to wave ire gov/Form 990 for the latest information for the latest information for the latest information.	questions on mation.	OMB No 1545-0047 2018 Open to Public Inspection	
Name British figure 1 Section Pennsylvania association For Government relations 25			ication number	
Return Reference	O, Supplemental Information Explanation			
Other Expenses 1002	Office Expenses \$1807			

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other Conferences, Conventions, and Meetings \$5968

Expenses 1007

990 Schedule O, Supplemental Information Return Explanation Reference Other WEBSITE FEE \$1660 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 2

BANK CHARGES \$1113

990 Schedule O, Supplemental Information Return Explanation Reference **TELEPHONE \$740**

Other Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Awards \$125 Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Other MISCELLANEOUS \$2 Expenses 7