Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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

Open to Publi

Dep	artment of t	the Treasury	Do not enter social security numbers on this form as it may				Open to Public Inspection		
Inter	nal Revenu		► Go to www.irs.gov/Form990 for instructions and the late		_		_ .		
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning 01/01 , 2018, and en	ding	12/31		, 20 18 er identification number		
В	Check if a	applicable	C Name of organization PA Alliance Action		۳,	Employe			
닏	Address of	change	Doing business as				82-3537729		
\sqcup	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room	/suite	I E	lelephor	ne number		
\sqsubseteq	Initial retu	ırn	121 S Broad Street Suite 400				267-242-5014		
\sqcup	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code						
\sqcup	Amended	l return	Philadelphia, PA, 49147		_	G Gross receipts \$ 2,885,00			
✓	Application	on pending	F Name and address of principal officer Alison Perelman			group return for subordinates? Yes No			
			30 S 15th Street FL 15, Phila, PA 19102	—			sincluded? Yes No		
<u>I</u>	Tax-exem	•	□ 501(c)(3)	\longrightarrow			ee instructions)		
<u>J</u>	Website:					-	number >		
_			✓ Corporation Trust Association Other L Year of for	mation 2	017	M State	of legal domicile PA		
Р	art I	Summ							
	1	-	escribe the organization's mission or most significant activities. Org	anızational	missio	n is to	promote and pursue		
Ç	-	nonparti	san progressive policies in the Commonwealth of Pennsylvania.						
Governance									
Š			is box ▶ ☐ if the organization discontinued its operations or dispose				its net assets.		
Ö						3	3		
مخ در	l .		of independent voting members of the governing body (Part VI, line 1	b)		4	3		
Activities &			nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	1		
Ęį	l .		nber of volunteers (estimate if necessary)			6	5		
Ă			elated business revenue from Part VIII, column (C), line 12			7a	0		
	b i	Net unre	ated business taxable income from Form 990-T, line 38			7b	0		
		_		or Year		Current Year			
ē	l l		tions and grants (Part VIII, line 1h)		1,00	0,000	2,885,000		
Revenue	l .	_	service revenue (Part VIII, line 2g)		0	0			
æ	l l		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0			
_	l .		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0		
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,00	0,000	2,885,000		
	l .		nd similar amounts paid (Part IX, column (A), lines 1–3)	1		0	2,280,000		
	l .		paid to or for members (Part IX, column (A), line 4)	-		0	0		
es	l .		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	69,070			
Expenses			anal fundraising fees (Part IX, column (A), line 11e)			0	0		
Ϋ́			draising expenses (Part IX, column (D) line 25)						
_			penses (Part IX, column (A), lines 11a-11保旺金包VED			0	1,496,815		
	l .	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			0	3,845,885		
	1	Revenue	less expenses. Subtract line 18 from line 12	Beginning		0,000	-960,885 End of Year		
ts or		Takal	AUG I 9 ZUI3 S	Degining					
Sse	20		ets (Part X, line 16)		1,00	0,000	39,115		
Net Assets Fund Baland	21		ulities (Part X, line 26) OGDEN, ·UT · .			0	20.115		
			ts or fund balances. Subtract line 2 1-from line 20 		1,00	0,000	39,115		
	art II		ture Block				and balas as a		
			ry, I declare that I have examined this return, including accompanying schedules and st ete. Declaration of preparer (other than officer) is based on all information of which prepare				ny knowledge and belief, it is		
	-	k /	/\ 1 \\				G 7 110		
Si.	.n	5.00	ature of officer		<i>[:</i> Date	tug.	.9,7019		
Sig He					-4.0				
110	۱۰		on Perelman, Board Chair or print name and title						
		<u>, , , , , , , , , , , , , , , , , , , </u>	pe preparer's name Preparer's signature	Date			PTIN		
Pa						Check [self-emp	_ 		
	eparer						102100373		
Us	e Only				Firm's 8		267-242-5014		
		Il⊢ımm's a	ddress ▶ 121 S Broad St Suite 400. Phila. PA 19107		l Phone i	no	40/-444-3U14		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

619

✓ Yes
☐ No

Form **990** (2018)

Part	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The Applicant seeks to advocate at the state and local levels for democracy reform through grassroots activities and support of
	like-minded organizations on behalf of and in support of all Pennsylvanians, in particular historically marginalized and underserved
	communities, including communities of color, impoverished communities, and the young.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, for each program convice reported.
4a	(Code) (Expenses \$ 2,075,000 including grants of \$ 2,075,000) (Revenue \$ 0)
74	PA Alliance Action partnered with a number of existing Pennsylvania nonprofits to support efforts on state infrastructure and
	nonpartisan public official accountability efforts to protect women's reproductive health choices, strong environmental policies, and
	every American's right to vote. Grants have gone to organizations fighting to improve election systems and combat efforts to
	suppress voters, while reforming elections and modernizing the voting process.
4b	(Code:) (Expenses \$ 165,000 including grants of \$ 165,000) (Revenue \$ 0)
	Partnered with Make the Road PA to create a permanent 501(c)(4) presence in Philadelphia to establish Latinx citizen
	participation capacity, along with nonpartisan voter registration and accountability canvass among Latinx voters in North
	Philadelphia.
4c	(Code) (Expenses \$ 69,426 including grants of \$ 69,426) (Revenue \$ 0)
	Hired initial staff member to incubate and launch need free-standing 501(c)(4) organization to identify, train, and mentor future
	nonpartisan progressive leaders in civic and public life in the Commonwealh of Pennsylvania.
	Other was a control (December of Schodule C.) 2
4d	Other program services (Describe in Schedule O.) See Schedule O. Statement 1
4 .	(Expenses \$ 41,209 including grants of \$ 40,000) (Revenue \$ 0) Total program service expenses ▶ 2,350,635
44.63	Total program service expenses ► 2.350.635

orm 99	ı0 (2018)	,)	F	age (
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		-	_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		√
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		√
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		1
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Part	IV Checklist of Required Schedules (continued)			
			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		✓
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		√
24a		24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓_
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		✓
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>✓</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		f	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
		Form	990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1* 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		数	Tierry
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ide		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	5 + + + × A
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . ;			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:		STALL.	DAY B
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
_	gifts were not tax deductible?	6b	√	52037
7	Organizations that may receive deductible contributions under section 170(c).			
. a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	e lacar	3000
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		,	٠
	required to file Form 8282?	7c	Districted to	主管标准
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	3 4 A	72000 T
e f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		167.0	Max
•	sponsoring organization have excess business holdings at any time during the year?	8		
, 9	Sponsoring organizations maintaining donor advised funds.			Serie .
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		الشقائدة
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			STEWER ST
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	6. 8. 8. 1.	96.7 KF2 B
_	Note. See the instructions for additional information the organization must report on Schedule O.	(35.2)		(450)
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1]	7	
	excess parachute payment(s) during the year?	15	20 000	✓
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	241-94	√
	If "Yes," complete Form 4720, Schedule O.	的复数		\$5,4 <u>0</u>
		Form	1 9 90	(2018)

F	orm 99	00 (2018)				age 6			
	Part		ough 7b below,	and	for a	"No"			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes			tructi				
=		Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>		<u> </u>			
. <u>></u>	ecti	on A. Governing Body and Management			Yes	No			
	12	Enter the number of voting members of the governing body at the end of the tax year	1a 3	(3	1332.1				
	14	If there are material differences in voting rights among members of the governing body, or							
		if the governing body delegated broad authority to an executive committee or similar			300				
		committee, explain in Schedule O.	•			*100			
	b	Enter the number of voting members included in line 1a, above, who are independent .	1b 3						
	2	Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?	lationship with	2		<u> </u>			
	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?							
	4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		✓			
	5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		✓			
	6	Did the organization have members or stockholders?		6		✓			
سۇلى	7a	Did the organization have members, stockholders, or other persons who had the power to e one or more members of the governing body?		7a		✓			
3	b	Are any governance decisions of the organization reserved to (or subject to approval		76		,			
	_	stockholders, or persons other than the governing body?		7b	(1000)	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	ertaken during						
	а	The governing body?		8a	J.				
	b	Each committee with authority to act on behalf of the governing body?		8b	1	4			
•	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at			-			
		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	9		1			
S	ecti	on B. Policies (This Section B requests information about policies not required by the	Internal Reven	ue C					
				40-	Yes	No			
	10a	Did the organization have local chapters, branches, or affiliates?		10a		✓			
	b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemp	such chapters, of purposes?	10b					
	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor		11a	✓				
	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		然数 .	"	检验			
٠.	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓				
7	, b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓				
	c	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes,"	40-	,				
		describe in Schedule O how this was done		12c	V				
	13	Did the organization have a written whistleblower policy?		14	·/				
	14	Did the process for determining compensation of the following persons include a review ar	d approval by		No.	T.AM			
	15	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
	а	The organization's CEO, Executive Director, or top management official		15a	✓				
	b	Other officers or key employees of the organization		15b	✓				
		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		激					
	16a	with a taxable entity during the year?		16a		***** ✓			
	b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	to evaluate its safeguard the						
_		organization's exempt status with respect to such arrangements?	<u> </u>	16b					
_		on C. Disclosure							
	17	List the states with which a copy of this Form 990 is required to be filed PA		 Г (С	tion 5	 (01/a)			
	18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that	, 990, and 990-1 apply	(Sec	uon 5)U I (C)			
		Own website Another's website Upon request Other (explain in Sche							
	19	Describe in Schedule O whether (and if so, how) the organization made its governing documen		erest	policy	, and			
		financial statements available to the public during the tax year.							
	20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords	>				
		Rachel Doran, (215)251-0585							

 aan	(2018)	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ted any currer	nt officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe	rson Irect	e than on the thick that the thick t	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Alison Perelman	3.00									
Board Chair	0.00	✓	L				<u> </u>	0	0	0
Richard Vague	2.00	,		١,						,
VP/Secretary	0.00	✓	_	✓	_	<u> </u>	<u> </u>	0	0	0
Richard Phillips Treasurer	2.00 0.00	1		1				o	0	o
	 -						}			

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more the box, unless person is officer and a director/line)				ıs both or/trus	an tee)	(D) Reportable compensation from	(E) Reportable compensation fro related	m	amou	F) nated unt of ner	
_		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(2)	from organi and re organi	i the ization elated	
				_										
		_												
														_
														•••••
														_
										_				
-														•
1b c	Sub-total	VII, Sectio	 n A	•				>	0		0		•	0
d_ 2	Total (add lines 1b and 1c)		to th	ose	lıst	ed a	above	e) w			0 000 of			0
	reportable compensation from the organi	-							0	 -			Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i>							emp	loyee, or high	est compensa	ted	3		√
4	For any individual listed on line 1a, is the organization and related organizations individual											4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	ual	5		<u> </u>
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	×
	(A) Name and business add	ress							(B) Description of se	ervices	Con	(C) npensat	tion	
None														
									<u> </u>					
	Total number of independent contracto	rs (includin	na hu	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who				
-	received more than \$100,000 of compens								0	,				į

Part	VIII	Statement of Reve				5		
accentates.	3 0NW 12772	Check if Schedule O					· · · · · ·	· · · · <u> </u>
					(A) Lotal revenue	(B) Related or	(C) Unrelated business	(D) Revenue
		un and company to be a first to the				exempt function	revenue	excluded from tax under sections 512-514
<u> </u>	1a			Maillian managara an		leoilñe		DATE OF THE STATE
Grants nounts		Federated campaigns		0				
جَ ق	b	Membership dues .		0				
Giffts, ıllar Ar	C	Fundraising events .		0				
المَّا مِنْ	d	Related organizations		0				
Sir	e •	Government grants (con All other contributions, gr		. U			F-12	
ig je	f	and similar amounts not inc		0.005.000				
를 할		Noncash contributions includ		2,885,000				
Contributions, Gifts, Grants and Other Similar Amounts	g			[.]	2.005.000			
	h	Total. Add lines 1a-1	1	Business Code	2,885,000	5/03/85/04/68/04/65		A William B Mario Co
Ĭ	22			Busiliess Code	The state of the s		100 A V (100 A V (100 A) A CASA A SANGA SA	PARAMETER AND STREET
ě	2a b						_	
9	C							
<u> </u>	ď						 -	
J.S	ء ا						<u></u>	
grar	f	All other program serv	vice revenue	-	0	0	0	0
Program Service Revenue	g .	Total. Add lines 2a-2	,	•	0			
	3	Investment income				74. (14.44)	3,2 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,3	
		and other similar amo		🕨	0	0	0	0
	4	Income from investment	t of tax-exempt bo	ond proceeds ►	0	0	0	0
	5	Royalties			0	0	0	0
		•	(i) Real	(II) Personal	2.0	######################################		
,	6a	Gross rents	0	0				
	b	Less rental expenses	0	0				
	С	Rental income or (loss)	0	0		17177471647		
,	d	Net rental income or ((loss) <u>.</u>	>	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	0	0				
	b	Less cost or other basis					14 A 4 2 3 4	
		and sales expenses .	0	0				
- '	С	Gain or (loss)	0	. 0	WALKELING TO SERVE	727525	tease expensions	HOLES WENTER
	d	Net gain or (loss)		<u> ▶</u>	0	O	0	0
ø						Maria Maria		
venue	8a	Gross income from fu		ť		PERMIT		
		events (not including \$	0					
č		of contributions reported See Part IV, line 18 .		_		in the second		
Other Re	١.			0	THE STATE OF THE S			
ō		Less, direct expenses		0 events . ▶	AND ONE PROPERTY OF SECUL		\$600000 350000000000000000000000000000000	CONTRACTOR
	C	Net income or (loss) f Gross income from ga		events .	BOX CONCURS ON	Zatirus sala		MASKAPIA SANI
	Ja		· · · a	o				
	ь	Less direct expenses		0	105000000000000000000000000000000000000			
	C	Net income or (loss) f			O CONTRACTOR OF THE CONTRACTOR	Vacardaya estrangeneral	0	0
		Gross sales of in		11.00	200 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CHECK TO MITCH	**************************************	1982 7 (2007) 7 (7)
•	''	returns and allowance					7-10	
	ь	Less cost of goods s	old b					
	c	Net income or (loss) f		entory	The state of the s			
		Miscellaneous R		Business Code	36345E5655	SE S	(A.M. P.	1270 ACCES
	11a							
	b							
	С							
	d	All other revenue .						A
	е	Total. Add lines 11a-			0	8# 26 8 A T S		
	12	Total revenue. See in	nstructions .	<u> ▶</u>	2,885,000	0	0	
			· 					Form 990 (2018)

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c	(4) organizations must comp	olete all columns	All other org	anizations mus	it complete column (A).

	Check if Schedule O contains a respon	ise or note to any li	ne in this Part IX	<u></u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,280,000	2,280,000	4996	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	- 0	6.W	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	. 0	(a) b) disconnection of the connection of the co	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	42,590		- 0	· , 0
. 6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	. 0	. 0	0	0
;	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	, 0	0	0	0
9	Other employee benefits	831	831	. 0	- 0
• 10	Payroll taxes	25,649	25,649	. 0	- 0
11 a	Fees for services (non-employees): Management		0	- · · o	ه ځ
b	Legal	1,250		1,250	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
. g	Other (If line 11g amount exceeds 10% of line 25, column				•
	(A) amount, list line 11g expenses on Schedule O.)	45,000	0	45,000	٠ 0
12	Advertising and promotion	0	0	0	0
13	Office expenses	. 0	0	0	0
. 14	Information technology	0		- 0	0
15 16	Royalties	. 0	0	, 0	0
17	Travel	0		, 0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	- 0	. 0	, , 0
19	Conferences, conventions, and meetings .	0	0	0	- 0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	O	0	0	. 0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column		6 20		#44.
	(A) amount, list line 24e expenses on Schedule O.)				
a	Political Expenditures	1,449,000	0	1,449,000	0
b	Miscellaneous	1,565	1,565	0	0
c					
d	AB -Ab				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	3.045.005	2 250 005	1 405 250	
25 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 following SOP 98-2 (ASC 958-720)	3,845,885	2,350,635	1,495,250	. 0

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
•	1	Cash—non-interest-bearing	1,000,000	1	39,115
	2	Savings and temporary cash investments	0	2	· 0
	3	Pledges and grants receivable, net	0	3_	- 0
	4	Accounts receivable, net	0	4	. 0
. •	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	,	Complete Part II of Schedule L	O	5	0
٠ س	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0		<u></u>
Asi	8	Inventories for sale or use	0		0
-	9	Prepaid expenses and deferred charges	0	9	0
,	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	U	1	
	b	Less accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0	_	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	, 0
	14	Intangible assets	0		- 0
	15	Other assets. See Part IV, line 11	0	15	. 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,000,000	16	39,115
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
•	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
iai.	00	·	0	22	. 0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	0
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	o	25	<i>(</i> , , , , , , , , , , , , , , , , , , ,
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	1,000,000	27	39,115
3al	28	Temporarily restricted net assets	0	28	0
P	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Net Assets	33	Total net assets or fund balances	1,000,000	33	39,115
	34	Total liabilities and net assets/fund balances	1,000,000	34	39,115 [,]
					Form 990 (2018)

_	4	•
Page		4

				~;	
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,885	,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,845	,885
3	Revenue less expenses. Subtract line 2 from line 1	3		-960	,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,000	,000
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		39	,115
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>		
			5 V	Yes	No
1	Accounting method used to prepare the Form 990 🗸 Cash 🔲 Accrual 🔲 Other				13.00
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			٠.,
	Schedule O			2	
2a			2a	. x Cu2	<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				200
b	Were the organization's financial statements audited by an independent accountant?		2b	1250	√
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		نقأ منشستان		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	Spr. obes 19	pr./c5513
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
_	Schedule O.				2.39
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			,
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a secured audit or audits, explain why in Schodule O and departible any stone taken to undergo such a		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Julis.	Form	990	(2018)
			rorm :	33U ((2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

	organization answered "Ye see separate instructions),	s," on Form 990, Part IV, line 5 (Proxy then	Tax) (see separat	te instructions) or Form 990	-EZ, Part V, line 35c (Prox)
		ganizations Complete Part III.			
	of organization			Employer ider	ntification number
	liance Action	·			82-3537729
Part		ne organization is exempt unde			
1	Provide a description of definition of political care	of the organization's direct and inc impaign activities")	direct political ca	ampaign activities in Part	IV. (see instructions for
2		ity expenditures (see instructions) .			1,449,000
3		ical campaign activities (see instruc			0
Part	I-B Complete if the	ne organization is exempt unde	er section 501(c)(3).	
1		excise tax incurred by the organiza)
2		excise tax incurred by organization			
3	If the organization incuri	red a section 4955 tax, did it file For	m 4720 for this y	ear ⁹	Yes No
4a		?			Yes No
<u>b</u>	If "Yes," describe in Par			······································	
Part		ne organization is exempt unde			<u>(c)(3).</u>
1	Enter the amount direct	tly expended by the filing organization	ation for section	527 exempt function	
					0
2		e filing organization's funds contrib tivities			1,449,000
3	Total exempt function	expenditures Add lines 1 and 2	Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	1,449,000
4	Did the filing organization	on file Form 1120-POL for this year?	·		🗌 Yes 🗸 No
5	Enter the names, address	sses and employer identification nun	nber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made paym	nents. For each organization listed, e	enter the amount	paid from the filing organi	zation's funds. Also enter
		contributions received that were pror			
	as a separate segregate	d fund or a political action committee	e (PAC). If addition	nal space is needed, provi	de information in Part IV.
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	A Fund for Change	1500 JFK Blvd			
(1)		Phila, PA, 19102	82-4466214	1,449,000	0
(2)					
(3)				-	
(4)					
(5)		ļ	·-·		
(6)					

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Schedule C (Form 990 or 990-EZ) 2018

Sch	hedule C (Form 990 or 990-EZ) 2018					Page 2
Pa	art II-A Complete if the organization section 501(h)).	n is exempt u	under section 5	01(c)(3) and file	d Form 5768 (el	
A	Check ▶ ☐ If the filing organization belon address, EIN, expenses, and	gs to an affiliate share of excess	ed group (and list solutions in the solu	in Part IV each aff itures)	lliated group memb	per's name,
В	Check ▶ ☐ if the filing organization check	ed box A and '	'limited control" pi	rovisions apply.		
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
	1a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total lobbying expenditures to influence	•				
	c Total lobbying expenditures (add lines 1a	-				
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter columns.	the amount fr	rom the following	g table in both		
ı	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		West of the last o
	Not over \$500,000	20% of the an	nount on line 1e.		STATE OF THE STATE	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
-	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000			Section 1982	37444
	g Grassroots nontaxable amount (enter 25	% of line 1f)				
•	h Subtract line 1g from line 1a. If zero or le	ss, enter -0-				
•	i Subtract line 1f from line 1c. If zero or les	•				
	j If there is an amount other than zero					
	reporting section 4911 tax for this year?		<u> </u>		<u> </u>	Yes 'No
	(Some organizations that made a sec	ction 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
. 2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))		7			
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part	Ile C (Form 990 or 990-EZ) 2018	4:1 - 4	-	- 5700		Page
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	TIIEG	Forn	1 5/68		
For e	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed	(-	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	300 - 5	×1	<u> </u>		
j	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)?	Helly orbanov	- Park have			erik
b	If "Yes," enter the amount of any tax incurred under section 4912			 		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			No and Marcock de State	OA 7.5	w. W
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		1000		16.5
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction		
	301(0)(0).	_			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization reace to carry over lobbying and political campaign activity expenditures from the			3		
Part						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
·а	Current year		2a			
, b	Carryover from last year		2b_			
C	Total		2c	-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	-		
, 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	yıng	4		•	
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			<u> </u>	-		
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t), Par	t II-A, li	nes 1	and
Sched	fule C, Part I-A, Line 1 - PA Alliance Action provided funding to an independent-expenditure only political orting progressive candidates in state legislative races in Pennsylvania	comm	ittee i	nvolved	<u> </u>	

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
Schedule C, Part I-A, Line 1 - PA Alliance Action provided funding to an independent-expenditure only political committee involved
supporting progressive candidates in state legislative races in Pennsylvania
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Department of the Treasury Internal Revenue Service	Name of the organization

► Attach to Form 990.

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

2018	Open to Public Inspection	Employer identification number
		Employer identi

OMB No 1545-0047

PA Alliance Action Part General Information on Grants and Assis	on Grants and	Assistance					82-3537729
Joes he s	an records to subs award the grants of	stantiate the amount assistance?	int of the grants or	assistance, the g	rantees' eligibility fo	for the grants or assistar	nce, and
	ssistance to Doi y recipient that r	mestic Organize eceived more the	ations and Dom	lestic Governm	ents. Complete if ted if additional sp	the organization ans pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(9)							***
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov organizations listed	renment organiza	tions listed in the	ine 1 table			0 5
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2018)

	t III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Part III can be duplicated if additional space is needed.
	Par	

	I art III carl de deplicated II additional apace is needed.	space is incount				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		supplie	casti giani	HOLICASII ASSISIALICE	riviv, appraisar, outer)	
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Part IV	Supplemental Information. Provide the information required in Part II. Interest III. column (b): and any other additional information.	the information re	equired in Part I, IIn	e 2: Part III. colum	i (b); and any other additi	onal information.

501(c)(4) or, if applicable, IRC Sections 501(h) and 4911, and (c) for any activity other than that which was specifically authorized via grant letter. Grantees were further required to provide a financial and narrative report of activities by December 31, 2018, summarizing how the grant was used and delineate the results achieved, consistent with primary purpose expenditures, as well as a copy of the grantee's next certified audit. welfare and educational purposes for which the grant was made; (b) to carry on propaganda, or otherwise to attempt, to influence legislation, except to the extent permitted by IRC Section complete annual reports on. (i) the manner in which the grant funds and income thereon were spent, (ii) on Grantee compliance with the terms of the grant, and (iii) a narrative summary of the progress made in accomplishing the purposes of the grant. All grantees must further pledge not use any portion of the grant. (a) for any purpose other than the primary purpose social which Grantee receives this grant, and after the end of each following taxable year during which Grantee retains any remaining balance of the grant funds, furnish PA Alliance Action with purpose social welfare and educational purposes as described and will repay any portion of the grant that is not used for such purposes, (ii) Promptly after the end of the taxable year in Schedule I, Part I, Line 2 - All grantees are required to sign a letter agreeing to the following conditions: (i) Not use any portion of the grant funds for any purpose other than primary

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Employer identification number

Open to Public Inspection

PA Alliance Action	82-3537729
Form 990, Part III, Line 2 - PA Allıance Action began full operations in 2018. For 2018, the organization	focused on grant-making to existing
organizations and the hiring of an employee to launch a new leadership development organization, as	set forth below
·	
Form 990, Part VI, Section B, Line 11b - All Board members were provided with this 990 prior to its filing	ng and the full opportunity to review
underlying financial documents and reports.	
Form 990, Part VI, Section B, Line 12c - Board members are required to disclose material conflicts and	*
situation potentially conflicting with their duty of loyalty to PA Alliance Action. To date, there have been	en no conflicts
Form 990, Part VI, Section B, Line 15 - For the hiring of a staff member to incubate a leadership develo	
Action compensation committee obtained sufficient information, taking into consideration the knowle comparable organizations for persons of similar experience, to determine whether the full compensations are compensations.	-
reasonable, i.e., that they represent no more than fair market value for the services performed. In asse	ssing the reasonableness of the
compensation packages, the Committee took into account the entire packages, including salary, any l	oonus or incentive payments,
severance payments, deferred compensation and noncash compensation, as well as any compensato	
medical, dental, life insurance, or disability insurance plans, and any fringe benefits such as allowable	expenses. Had there been a Board
member with conflicts, she or he would have been excluded from this decision.	
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Form 990, Part VI, Section C, Line 19 - All such documents are available upon request.	
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