193930600670	1 (
1906	-

	Form	990-T	[ E		janization Bu	sines	ss Income 1	ax Return	ı ļ	OMB No 1545-0887	
			_		(and proxy tax und			mr 20 004		2040	
	4		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019  Go to www.irs.gov/Form990T for instructions and the latest information.								
v		rtment of the Treasury al Revenue Service	▶	→ Go to v Do not enter SSN nui	.	Open to Public Inspection for 501(c)(3) Organizations Only					
	A [	Check box if address changed		Name of organization	(Empl	oyer identification number loyees' trust, see ictions)					
	B E	xempt under section	Print	S FUTURE		3	1-1607866				
	X	] 501(c <b>()3</b> )	or Type	Number, street, and r	oom or suite no. If a P.O. bo	ox, see in:	structions.		E Unrek	ated business activity code natructions )	
		408(e) 220(e)		] "	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		408A 530(a) 529(a)			province, country, and ZIP <b>3</b> , PA 17101-	•	•				
	C Bo	ok value of all assets end of year			umber (See instructions.)						
		3,145,8	98.	G Check organization	type ► X 501(c) co	rporation	501(c) trust	401(a)	trust	Other trust	
	H En	iter the number of the o	organiza	tion's unrelated trades	or businesses.		Describe	the only (or first) ur	related		
		de or business here 🕨						, complete Parts I-V.			
	de	scribe the first in the bl	lank spa	ce at the end of the pre	evious sentence, complete P	arts I and	l II, complete a Schedul	e M for each addition	al trade	Of	
		siness, then complete l									
	I Du	iring the tax year, was	the corp	oration a subsidiary in	an affiliated group or a pare	ent-subsid	liary controlled group?	▶ [	Ye	s X No	
				ifying number of the p							
	_			THE ORGANIZ				none number 🕨 7	17-	214-7920	
	Ра	rt,I Unrelated	Irac	le or Business I	Income		(A) Income	(B) Expenses	<u> </u>	(C) Net	
		Gross receipts or sale						· ·		~1	
	b	Less returns and allow			c Balance ▶	1c	· · · · · · · · · · · · · · · · · · ·				
	2	Cost of goods sold (S		•		2					
	3	Gross profit. Subtract				3		-			
		Capital gain net incom	•	•		4a		<u> </u>			
				art II, line 17) (attach F	orm 4797)	4b					
		Capital loss deduction				4c		<u> </u>			
	5		•	thip or an S corporation	n (attach statement)	5					
	6	Rent income (Schedul	•			6					
	7	Unrelated debt-finance		•		7					
	8	•			ed organization (Schedule F)	$\rightarrow$	<del>.</del>				
	9				7) organization (Schedule G	_		<del> </del>			
	10	Exploited exempt activ	•	• •		10					
	11 12	Advertising income (S		•		11			-		
	. –	Other income (See ins Total. Combine lines		•		12	0.		<u> </u>		
					nere (See instructions f	13		l			
					ust be directly connecte			income)			
	14	Compensation of offi	cers dir	ectors, and trustees (S	Schedule K1				14		
	15	Salaries and wages	0013, uii	000013, 4110 11 431003 (0	oncodic N				15		
	16	Repairs and maintena	ance						16	~~~	
2020	17	Bad debts		["	RECE!VED	7	1		17	<del> </del>	
20	18	Interest (attach sched	dule) (se	e instructions)	INCUL: VEL	<u>,                                    </u>			18		
<b>5</b>	19	Tayes and licenses		· Ic		S			19		
	20	Charitable contribution	ons (See	instructions for limita	ion rules AR <b>0 2</b> 2021	0			20		
MAR	21	Depreciation (attach)	Form 45	(62) I	L	102	21				
3	22	Less depreciation cla	imed on	Schedule A and elsew	her@@®EN, U	1	22a		22b		
	23	Depletion		<u>L</u>	ODLIV, O	<u>'</u>			23	<del>-</del>	
SCANNED	24	Contributions to defe	rred cor	npensation plans					24		
Z	25	Employee benefit pro							25		
Z	26	Excess exempt expen	nses (Sc	hedule I)					26		
3	27	Excess readership co	sts (Sch	nedule J)				27			
Ø	28	Other deductions (att	ach sch	edule)					28		
	29	Total deductions. Ac	dd lines	14 through 28					29	0.	
	30	Unrelated business ta	axable ın	come before net opera	iting loss deduction. Subtra	ct line 29	from line 13		30	0.	
	31				beginning on or after Janua				31	_ , _ , , , ,	
	32	Unrelated business ta	axable in	come. Subtract line 31	from line 30		<u> </u>		32	0.	
	82370	1 01-09-19 LHA Fo	r Paperv	work Reduction Act No	tice, see instructions.			/ 1	•	Form <b>990-T</b> (2018)	

Form 990-	OTTOTAL STATE OF TOTAL STATE	607866	Page 2
Part	III Total Unrelated Business Taxable Income		
、33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36, If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b>   <u>}</u>	
41	Proxy tax. See instructions	7	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	1	0.
Part \	······································	<del></del>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a		
b	Other credits (see instructions)  45b	<del> </del>	
C	General business credit. Attach Form 3800	<del> </del>	
d		<del></del> -	
	Total credits. Add lines 45a through 45d	<b>⊢</b>   46.	
46	Subtract line 45e from line 44	45e	0.
47		46	<u> </u>
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedular) Total tax. Add lines 46 and 47 (see instructions)	1le) 47 48	0.
49	·	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018	49	0.
50 a		<del>.  </del>	
		9.	
	J ₩	<del>3</del> •	
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		
	Backup withholding (see instructions)  56e  Coath for a mall and health and and h		
	Credit for small employer health insurance premiums (attach Form 8941)  50f		
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g	, l	1 205
51	Total payments. Add lines 50a through 50g	51	1,327.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	4 200
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,327.
Dort \	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<b>▶</b> 1 55	1,327.
Part \	Geo monación,		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		i ;
	here >		_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knicorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	owledge and belief, it is	s true
Sign Here		May the IRS discuss	s this return with
пеге	Josquely Sonomo 1/29/20 PRESIDENT AND CEO	the preparer shown	
	Date little	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date / Check	if PTIN	
Paid	self- employ		
Prepa	Irer LISA RITTER // /////		68809
Use C	DIV Firm's name ► MAHER DUESSEL, CPA'S Firm's EIN	<b>▶</b> 25-1	622758
	3003 NORTH FRONT STREET, SUITE 101		
	Firm's address ► HARRISBURG, PA 17110 Phone no.	717-232-	-1230
823711 01	-09-19	Form	990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation > N/A		<u>.</u>				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6							
3 Cost of labor	3			from line 5. Enter here	Part I,	400				
4a Additional section 263A costs			]	line 2		7				
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No	
b Other costs (attach schedule)	4b		_	property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income ( (see instructions)	From Real I	Property and	l Per	sonal Property L	ease	d With Real Prop	erty) 			
1. Description of property										
(1)				· · · · · · · · · · · · · · · · · · ·				·		
(2)										
(3)										
(4)				<del></del>						
	2. Rent receive	ed or accrued				2/ \2				
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) an	connected with id 2(b) (attach sc	the income in hedule)		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		ټ 0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)						
			2	Gross income from		3. Deductions directly conn to debt-finance		ocable		
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Ott	ner deductions ch schedule)	i	
(1)			1				<del> </del>			
(2)							<u> </u>			
(3)			1							
(4)					-					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to nced property schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	cable deductions x total of column (a) and 3(b))		
(1)				%			<b>T</b>			
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, 2art I, line 7, column (A)		and on page e 7, column (B		
Totals				<b>▶</b>		0.	.		0.	
Total dividends-received deductions in	icluded in column	8		<b>–</b> 1	L	<b>•</b>	.		0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  3. Deductions directly connected (attach schedule)  4. Set-asides (attach schedule)  5. Total deductions and set-asides (col 3 plus col 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (A)	Form 990-T (2018) CITIZE	NS FO	R PENN	<u>ISYLVAN</u>	IIA'	S FUTUE	RE			<u> 31-16</u>	<u>07866</u>	Page
1. Name of controlled organization  2. Employer scentification increase  1. Name of controlled organization  2. Employer scentification increase information  2. Employer scentification increase information increase info	Schedule F - Interest, F	Annuities	s, Royali	ties, and F	Rents	From Co	ntrolle	d Organiza	itions	(see ins	structions	·
1. Name of controlled organization  2. Employer scentification increase  1. Name of controlled organization  2. Employer scentification increase information  2. Employer scentification increase information increase info				E:	xempt (	Controlled O	rganizati	ons				
(d)	Name of controlled organizate	on	identifi	ployer 3	Net unr	elated income	4. To	tal of specified	nclude	ed in the conti	rolling	connected with income
(d)									ļ			
Nonexempt Controlled Organizations	_(1)											
Nonexempt Controlled Organizations	(2)											
Monexempt Controlled Organizations   10, Part of delawins 8 that is enableded (see orth vehicle)   11, Deductions descript connected made (see orth vehicle)   12, Total of specified payments in the cord distinct of the condition of the cord distinct of the cord or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded or page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded column (8)   11, Deductions descript connected with recorded to the page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   11, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded with recorded page 1, Part I, Intel® Column (8)   12, Deductions descript connected with recorded with recorded with recorded with recor									1			· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organizations  7. Tasklis insome  8. Net verificate increme (peed) (gas instructions)  9. Total or agreeded payments in checked in the controlling organizations in the controlling organization								<del></del>		· · ·		
7. Taxable income   8. Not evaluated income   Dead   Case methy connected made pyraments   10, part of calumn 6 have a suchdard   11. Dead of the method of part of calumn 6 have a suchdard   11. Dead of the method of the metho									I			···
(1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		zations				-						
(d)  Add columns 5 and 10 Enter here and on pages 1. Pert I. Ince 8. column (6)  Column (A)  Column (A	7. Taxable Income				9. Total		nents	in the controlli	ng organi	is included ization's		
(d)  Add columns 5 and 10 Enter here and on pages 1. Pert I. Ince 8. column (6)  Column (A)  Column (A	(1)											
(1)  1. Description of income (see instructions)  1. Description of income (see instructions)  2. Amount of income (see instructions)  (2) (3) (4)  1. Description of income (see instructions)  2. Amount of income (see instructions)  (5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (9) (10) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15												
Add columns 5 and 10 Enter have ent on page 1, Part 1, time 6, column (s)  O .  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1, Description of income  2, Amount of income  2, Amount of income  (d)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2, Gross  Uniform five and on page 1, Part 1, time 8, column (s)  (d)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  7, Excess series  (in the search on page 1, Part 1, time 8, column (s)  (in the search on page 1, Part 1, time 8		<u> </u>		<del></del>								<del></del>
Totals  Add columns 5 and 10 Enter here and on page 1. Pert 1, line 6, column (B)  1. Description of income  2. Amount of income  2. Amount of income  3. Description (Retex here here)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (1	(3)											
Totals    Enter hee and on page 1, Part I, ins 8, column (8)	_(4)	<u> </u>										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2. Amount of recome distance schedule) (1) (2) (3) (4)  Finite here and on page 1, Part 1, line 9, column (8) Forter here and on page 1, Part 1, line 9, column (8) Forter here and on page 1, Part 1, line 9, column (8) Forter here and on page 1, Part 1, line 9, column (9) Forter here and on page 1, P								Enter here and	on page	1, Part I,	Enter he	re and on page 1, Part I,
Company   Comp	Totals						<b>&gt;</b>			0.		0.
1. Description of income   2. Amount of moome   3. Description of income   4. Set-saided (attach schedulu)   (1)   (2)   (2)   (2)   (3)   (4)	Schedule G - Investme	nt Incon	ne of a S	Section 50	)1(c)(7	'). (9). or (	17) Ord	panization				
1. Description of income  2. Amount of income  2. Amount of income  3. Description of income interest promoted interest promote interest promoted interest p						,, (-,, (	,	,				
1. Description of income 2. Amount of income directly connected (stach schedule) (stach sch				<del></del> -				3 Doductio				5 Total deductions
(4)    Column   Colum	1. Desc	ription of incoi	пө			2. Amount of	income	directly conne	cted			and set-asides
(4)    Column   Colum	(1)											
(4)  (4)  Enter here and on page 1, Part 1, line 9, column (8)  Totals  D. D. D. D. O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of oxploited ethinty brade or business where and on page 1, Part 1, line 9, column (9)  1. Description of oxploited ethinty brade or business where the page 1, Part 1, line 9, column (9)  1. Description of oxploited ethinty brade or business where the page 1, Part 1, line 9, column (9)  1. Description of oxploited ethinty brade or business income where the page 1, Part 1, line 10, col 8)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col 8)  Enter here and on page 1, Part 1, line 10, col 8)  Enter here and on page 1, Part 1, line 10, col 8)  Totals  2. Cross income from urrelated bade or business income business income business income and entropy had business income bu												
Totals  Totals  Totals  O.  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited business uncomes in from grade of business income of urrelated business incomes in the production of urrelated business in the production of urre						<u> </u>						<del> </del>
Totals   Part   Ine 9 and on page 1   Part												
Part I, line 9, column (A)   Column (B)	(4)					L					_	
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity unclaimed business income from grade or business income grade or grad							lumn (A)					Part I, fine 9, column (B)
(1)  1. Description of exploited activity and activity that income from page 1, Part I, line 10, col (A)  1. Name of periodical  2. Gross unrelated business wireless of the periodical periodical services and on page 1, Part I, line 10, col (B)  1. Name of periodical  2. Gross unrelated business income from unrelated and or business income from unrelated business income	Totals				<u> </u>				100			0.
1. Description of exploited activity urdeleted business urdeleted business windown business income from trade or business income for urdeleted business income of urdeleted business income	_	-	Activity	Income, (	Other	Than Adv	ertisin	g Income				
1. Description of exploited activity  1. Description of exploited activity hat it is not urrelated business income from activity that is not urrelated b	(see instru	r										T
(1)  (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  O. O. O.  Schedule J - Advertising Income (see instructions)  Part II, line 26  1. Name of periodical advertising costs advertising costs income  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  O. O		unrelated incom	businėss e from	directly conn with produc of unrelate	ected tion ed	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a a cols 5	from activity t is not unrelat	hat ed	attribut	able to	expenses (column 6 minus column 5, but not more than
(1) (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  O. O. Schedule J - Advertising Income (see instructions)  Part II, line 26  1. Name of periodical advertising income advertising costs advertising costs (column 5 thur not more than column 4)  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  O. O	(1)										-	
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part II, line 26  1. Name of periodical  1. Name of periodical  (2) (3) (4)  Totals (carry to Part II, line (5))  O.  O.  O.  Enter here and on page 1, Part I, line 10, col (B)  D.  O.  O.  O.  Schedule J - Advertising Income (see instructions)  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through?  Totals (carry to Part II, line (5))  O.  O.  Totals (carry to Part II, line (5))  O.  O.  O.  O.  O.  O.  O.  O.  O.	(2)			<del></del>		·						
(4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O. O. O.  Schedule J - Advertising Income (see instructions)  Part II, line 26  1. Name of periodical  1. Name of periodical  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Enter here and on page 1, Part I, line (6))  Enter here and on page 1, Part II, line 26  O. O.  C. Schedule J - Advertising Income (see instructions)  Part III, line 26  A. Advertising gain or (loss) (col 2 minus or (loss) (col 2 minus or (loss)) (col 2 minus or				<del></del>					-			<del> </del>
Enter here and on page 1, Part I, Inne 10, col (A)  Totals  O. O. O.  Schedule J - Advertising Income (see instructions)  Part II, Inne 26  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising costs income  1. Name of periodical  O. O.  Totals (carry to Part II, line (5))  D. O.  Carry to Part II, line (5))  Enter here and on page 1, Part II, Inne 26  O. O.  Chart III and O. O.  Part III, Inne 26  O. O.  Chart III and O. O.  O. O.  Totals (carry to Part II, line (5))  O. O.  Chart III and O. O.  O. O.  Chart III and O. O.	(3)					ļ		·				
page 1, Part I, Inne 10, col (A)  Totals  D. O. O. Schedule J - Advertising Income (see instructions)  Part II, Inne 20  O. Schedule J - Advertising Income (see instructions)  Part III, Inne 26  O. Schedule J - Advertising Income (see instructions)  Part II, Inne 26  O. Schedule J - Advertising Income (see instructions)  1. Name of periodical Periodi	(4)					1		L				
Schedule J - Advertising Income (see instructions)    Part   Image: Imag	Totals -	page 1	, Part I, col (A)	page 1, Pa	rt I, (8)							on page 1, Part II, line 26
Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs column 6 minus column 5, but not more than column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))	Schedule J - Advertisir	ng Incon	ne (see ii	nstructions)								
1. Name of periodical  2. Gross advertising and or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  2. Gross advertising costs advertising costs advertising costs advertising costs (column 6 minus column 4)  7. Excess readership costs (column 6 minus column 5, but not more than column 4)  7. Excess readership costs (column 6 minus column 5, but not more than column 4)  7. Excess readership costs (column 6 minus column 5, but not more than column 4)					Con	solidated	Basis					
1. Name of periodical advertising costs advertising costs advertising costs of through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))	Electrical Transfer of the Control o	Cilodio	alo Hope		. 00	Jondatoa	Busio					
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.	1. Name of periodical		advertising			or (loss) (co	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.	(1)					A 100 A	KSP/STAR	are Sit	$\neg$		- Iş	7. TAN 147. TAN 25
(3) (4)  Totals (carry to Part II, line (5)) ▶ 0. 0.							<b>建</b> 数据					
(4)  Totals (carry to Part II, line (5)) ▶ 0. 0. 0.						-		<u> </u>				
Totals (carry to Part II, line (5)) ► 0. 0.								<u></u>				
Totals (carry to Part II, line (5)) ► 0. 0.	(4)						EEE	\$5	]			
				,								
	iotais (carry to Part II, line (5))			J•I	U	•						

Form 990-T (2018) CITIZENS FOR PENNSYLVANIA'S FUTURE 31-16078

[Part | III | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Orrect advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)						- 1	
(4)			200				
Totals from Part I	_ ▶	0.	0.	The Francisco	A. CHILES	THE WAY	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		or white the		0

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	t
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	-		0.

Form 990-T (2018)