# Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Gode (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2012

Dr.	partment of	of the Treasury snue Service	➤ The omaniz	ation may have		his return to satisf	•			Open to			
A			ndar year, or tax y	ear haninging						Inspec	tion		
B			C Name of organization		September	1 , 2012, a	nd ending	Aug	ust 31	, 20 13			
		s change	Doing Susiness As		AIS HA ACCOUNT	anitity			D Employ	er identification r	murper.		
		Number and street for D.O. how if mail is an Additional to the control of the con											
1		al return 8/11 North Mentey Avanue											
		Tilnated City, lown or post office, state, and ZIP code											
	Amende	Amandad prives Dittebures DA 15305											
								· · · · · · ·	G Gross n		1232009		
				- proper direct.						for altitudes? 🔲 Yes	_		
ī	Tax-exe	mpt status:	501(c)(3)	Ø 501(c) (	A ) 4 (otation)	4947(a)(1) or	7		affiziates ir		- □No		
J	Website		24 00 110101		4 ) 4 (1804110)	1 (2) 4947(8)(1) Or (	527	7		ist. (see instruction	ARS)		
K	Form of		Corporation Tru	est Associatio	Other B	I Ven	of formation			number >	,		
F	art I	Sинин				LYes	OI IOMEDIO	1: 2012	M State	of legal donolcite:	PA		
	1		scribe the organiz	zation's missio	n or most signif	Scant activities	December						
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Ş	1	of all Penr	ucation and to quantsylvanians.	WILLIAM 31	ond aconomy.	illough a govern	WBUT MUIC	n plays an	active ro	le in improving	the lives		
Ę	1	-											
Š	2	Check this	s box ▶☐ if the o	organization di	scontinued its	nerations or die	poed of		250/ -/	·			
Ğ	3	Number o	f voting members	of the govern	ing body (Part )	operations of the	posed or	more than	1 1	its net assets.			
	4	Number o	f Independent vo	ting members	of the covernin	o book (Bort VII)	Manybl		3		3		
Activities	5	Total num	ber of individuals	employed in	slender vaar 20	TY Dot V For	minerio). O⊷\		4		3		
듐	6	Total num	ber of volunteers	lestimate if ne	raccani	ors frant at must	ZB)		5		0		
~	7a	Total unre	lated business re	verue from Pa	of VIII column	M line 17			6		5		
	ь	Net unrela	ted business tax	able income fo	om Form 000. T	line 24	• • •		7a		a		
	1		The state of the s	ass acome in	om ( om 390-)	, iiie 34	<del></del>	D - V	7ъ		0		
_	В	Contributi	ons and grants (P	Part VIII line 16	N		$\vdash$	Prior Ye	ar	Current Ye	L⊈F		
홑	9	Program s	enice menus (P	0		1232009							
ğ	10		n service revenue (Part VIII, ilne 2g)								0		
æ	11	Other reve	Due Deet VIII on	n, column (A),		0		. 0					
	12	Total rever	enue (Part VIII, col	brough 11 /ww	5, 60, 80, 90, 1	Oc, and 11e).	<u> </u>		0		0		
_	13	Cmata an	nue-add lines 8 t	mough 11 (mu	st equal Part VII	i, column (A), line	12)		0		1232009		
		Constant and	d similar amounts	palo (Part IX,	column (A), line	<b>s</b> 1–3)	∟		D				
	15	Colorina d	nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5–10) ofessional fundraising fees (Part IX, column (A), line 11e)										
3	16-	Destancias											
Ē	16a	Total fund	ial rundraising fee	0									
Ž,	47	Other such	raising expenses	(Part IX, colum	n (D), line 25) I		185			TO SAME AND			
	17 18	Total aven	enses (Part IX, co	lumn (A), imes	11a-11d, 11f-2	24e)					1211602		
		Commence b	mses. Add thes 1	3-17 (must eq	ual Part IX, colu	umn (A), iine 25)	·				1211602		
- 6	19	NBVBILLE R	ess expenses. Su	Diract line 181	rom line 12 .	· · · · ·					20406		
Assets or Betances	20	Total acces	to Mart V See 40				Geg	inning of Cur	тых үерг	End of Yes	r		
蓪			ts (Part X, line 16)			· · · · · ·					20408		
33			ties (Part X, line 2		: :				0		0		
-12		Net assets	or fund balances	s. Subtract line	21 from line 20	3					20406		
	art II		re Block										
iJn in	der penal e. correct	tios of perjusy, and normalet	. I declare that I have to . Declaration of press	examined this retu	m, including accom	panying schedules e	and statemen	its, and to th	o best of m	y knowledge and	bellef, it is		
	0, 40,,44	- B	100%	kar (ocka manos	cor) is based on all	ENERTHATION OF Which	buckbases pro	any knowle	dge.				
Sig		810/0	ure of officer										
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Us	e Only	Firm's nan	ne >					Firm'	s EIN ▶				
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			his return with the			instructions) .				Yes	No		
For	Paperw	ork Reducti	ion Act Natica, see	the asparate i	nstructions.		Cet. No. 1	1282Y			90 (2012)		
											14014		

	00 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	🗆
1	Briefly describe the organization's mission:	
	public education and advocacy around policy issues in the Commonwealth, promoting accountability in state government	
	***************************************	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	✓ No
_	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	
	services?	✓ No
	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 mea	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 725,500 including grants of \$ ) (Revenue \$	)
	Public education campaign in spring 2013 centered around Governor's proposed budget and its impact on public education in	<u>.                                    </u>
	Pennsylvania. Involved television and digital outreach to citizens.	
	***************************************	
	***************************************	
4b	(Code: ) (Expenses \$ 474,598 including grants of \$ ) (Revenue \$	)
	Direct mail campaign in fall 2012 targeting legislative districts in effort to hold lawmakers accountable for anti-working class,	
	anti-public education voting record.	
		•••••
		***********
	(Code)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
		*******
	***************************************	
		·
		***************************************
		••••••
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1200098	

Part IV	Checklist o	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	<b>✓</b>
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	
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 98-197 if "Yes." complete Schedule C	4		✓
6	Part III	5		✓
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		✓
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	7		✓
9	complete Schedule D, Part III	8		<b>✓</b>
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	9		<b>v</b> ✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
	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>√</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	******	· •
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		<u>√</u> √
	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	12a 12b		<b>✓</b>
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		<b>√</b>
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.	14a		<u>√</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	14b		<u>√</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		<u>√</u>
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)	16		<u>√</u> √
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		<u>*</u> √
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		<u>.                                    </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		<u>,</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<b>√</b>
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Par	Checklist of Required Schedules (continued)			Page
24	Didate		Yes	N
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1		,
22	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III			✓
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.			<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	23 24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<b>√</b> ✓
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	25a 25b		<u>√</u> ✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule 1. Part II	26		<u>·</u> ✓
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 I. Part III			
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):	27		<u>✓</u>
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		✓
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	28b		<u>√</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c 29		<u>√</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>√</u>
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	32		<u>√</u>
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	33		<u>√</u>
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	34 35a		✓ ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to any any any any transfers to the organization.	35b		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related acceptable.	36		✓
	Part VI	27		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	37		<u>*</u> ′
			[ 🔻	

Par	90 (2012)			Page <b>5</b>
Fair				
	Check if Schedule O contains a response to any question in this Part V		· · ·	$\Box$
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	-	Yes	No
b	Enter the number of Forms W-2G included in line to Enter 0 if not any line by	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7 65	<u> </u>	<del> </del>
	Statements, filed for the calendar year ending with or within the year covered by this return	اا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	1
2-	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		1
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?			,
b	If "Yes," enter the name of the foreign country: ▶	4a		<b>✓</b>
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	<b></b> -	<del></del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		_	
_	gifts were not tax deductible?	6b	1	
7 a	Organizations that may receive deductible contributions under section 170(c).			
•	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?	1, 7,3		
b		7a		1
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
•	required to file Form 8282?	_		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	-1,100,111,111	<b>✓</b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		-/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>-</del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		7
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		I
9_	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b	-21	
а	Initiation from and annital and the state of			a di
ь	Gross receipts, included on Form 990, Part VIII, line 12			14.4
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<del>7</del>
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		
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	The organization is licensed to issue qualified booth plans			
С	Enter the amount of recently and hard			44
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>
	. Provide an explanation in Schedule O	14b		

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Par	<b>tVI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O. contains a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Sec	Check if Schedule O contains a response to any question in this Part VI	· ·	• •	. <u> </u>
1a	Enter the number of voting manhous of the	***************************************	Yes	No
,,	Enter the number of voting members of the governing body at the end of the tax year .  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	1		
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?	- 1		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders or other persons who had the power to be a least to be a significant diversion of the organization have members, stockholders or other persons who had the power to be a least to be a significant diversion of the organization have members, stockholders or other persons who had the power to be a least to be a significant diversion of the organization have members.	3 4 5 6		\frac{1}{1}
b	Are any governance decisions of the organization reserved to /or subject to approve to	7a		1
8	stockholders, or persons other than the governing body?	7b		1
a	The governing body?	8a	1	200
9 9	Each committee with authority to act on behalf of the governing body?  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.	8b	✓	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	9	oda l	<b>✓</b>
		ide C	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		<b>✓</b>
11a b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No." go to line 13.	11a	<b>√</b>	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	<b>√</b>	
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and appeared to the following persons include a review and a review	12c 13 14	✓ ✓ ✓	
a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a	<b>V</b>	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b	<b>Y</b>	
ь	participation in joint venture arrangements under applicable fodors to level and the organization to evaluate its	16a		<b>√</b>
Section	organization's exempt status with respect to such arrangements?	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ PA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c	:)(3)s	only)
19 20	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records organization:		est po	olicy,
	organization: Dan Ford, 801 N. Negley Ave #5, Pittsburgh PA 15206	of the		

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

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

- ta 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 nor	any related	d orga	niza	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	(B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (list any officer and a director/trustee)							(D) (E) Reportable compensation from related	(F) Estimated amount of other
	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)	compensation from the organization and related organizations
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	<b></b>									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (conti	nued)	
	(A) Name and title	(B) Average hours per week (list any	verage box, unless person					an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount o other	
		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)	compensati from the organizatic and relate organizatio	on d
(15) Li	nda J. Cook	1			1				0			
(16) K	evin C, Kantz	1			1				0	0		0
(17) G	eorgeanne Kohler	1			1				_			
(18)					Ť				0	0		0
(19)												
(20)												
(21)												
(22)												******************************
(23)												
(24)												
(25)												
C	Sub-total	VII, Section	n A					<ul><li> </li><li> </li><li> </li></ul>	0	0		0
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	d to th					e) w	ho received m	ore than \$100,0	00 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c						_	est compensat	1 1	No √
4	For any individual listed on line 1a, is the organization and related organizations individual		-								he ch	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe compi	nsat lete	tion <i>Scl</i>	fro nedi	m any ule J i	un or s	 nrelated organiz such person	ation or individu	ual 4 5	1
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed inc ensatio	depi on fo	end or ti	ent ne c	contralence	acti lar y	ors that receive year ending wit	ed more than \$1 h or within the c	00,000 of organization's	tax
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation	
	on Control ew Media Firm, Inc.							1	ect mail evision advertis	ing		598.73 000.00
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who		**************************************

-	art VII		reen					Page
		Check if Schedule O contains a	respi	Drise to any quest	ION IN this Pa (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax
nts	<b>ध्य</b> 1:	· • • • • • • • • • • • • • • • • • • •	1a	o		revenue		under sections 512, 513, or 514
G	ا   <u>ق</u>	<b>b</b> Membership dues	1b	0				
Contributions, Gifts, Grants	۶ (	Fundraising events	1c	0				
		d Related organizations	1d	0				
	- f	Government grants (contributions) All other contributions, gifts, grants,	1e	0				
prej.		and similar amounts not included above	1f					
달		**	-1f- \$	1232010				
					192004	1		
Program Service Revenue				Business Code	123201	U	<del>-  </del>	
ever	2a							
ě	6							
ξ	C							
လို	d							
gran	e f							
, L	g	All other program service revenu  Total. Add lines 2a-2f	-					
	3	Investment income (including	divide	nde interest				
	4	income from investment of tax-exen	npt bo	nd proceeds ▶	*			
	5	Royalties						
	1_	(i) Real		(ii) Personal		/		
	6a	Gross rents .						
	b	Less: rental expenses						64.5
	G G	Rental income or (loss)						1970 St. 1870 St. 1870
	7a	Net rental income or (loss) Gross amount from sales of (i) Securitie	<u> </u>	· · · · <b>&gt;</b>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Arthur and Supply and Supply
		assets other than inventory	18	(ii) Other				
	Ь	Less: cost or other basis and sales expenses .						
	C	Gain or (loss)				40.00		
	d	Net gain or (loss)	ب ن	<b>&gt;</b>	0	m		
ther Revenue	8a	Gross income from fundraising events (not including \$						
her R		of contributions reported on line 1c) See Part IV, line 18	a					
ŏ	b	Less: direct expenses	b			1	1	
	C	Net income or (loss) from fundrais	ina es	/ents . ▶	0		Proposition of the state of the	
	"	Gross income from gaming activitie See Part IV, line 19	- 1					
	ь	Less: direct expenses	а					
	С	Net income or (loss) from gaming	b activit	rice N				
	10a	Gross sales of inventory, less	ss T		0	Talanta sa katalan katalan katalan ka		
		returns and allowances	- 1					
	b	Less: cost of goods sold	ь					
	С	Net income or (loss) from sales of	invent	tory ▶	0			
	4.4	Miscellaneous Revenue	$\Box$	Business Code				
	11a				eran reservicione i di secolo di Seleccione		4.250.00.4200.357.3200	
	b							
Į	ď	All other revenue						***************************************
		Total Add Bass dd - 44 1	L					
	12	Total revenue. See instructions.		🟲 📙				
				· · · •	1232010			

	990 (2012) rt IX Statement of Functional Expenses				Page <b>1</b>
Sec	tion 501(c)(3) and 501(c)(4) organizations must com	nlete all columns. A	Il other ermaniantia		
***************************************	Check if Schedule O contains a response	e to any question	in otrier organization	ns must complete co	lumn (A).
Do r 8b, 9	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	O) Fundraising
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			general expenses	expenses
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	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		
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
9 10	Other employee benefits	0	0		
11 a	Fees for services (non-employees): Management	0	0		
b	Legal	2100	0	2100	0
c	Accounting	7500	7500	0	
d	Lobbying	0	0		
е	Professional fundraising services. See Part IV, line 17	705000	705000	0.000.000.000.000	
f	Investment management fees	12			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	20850	20050		
13	Office expenses	20000	20850		
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Electoral advocacy				
b			474599		
C					
d					
е	All other expenses		3653		
25	Total functional expenses. Add lines 1 through 24e		1211602		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)				

## Form 990 (2012) Part X Balance Sheet

_		Check if Schedule O contains a response to any question in this Part	X		
	1		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	20406
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	5	Accounts receivable, net		4	
ls.	,	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	The state of the s
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
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		00	
≝	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23 24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
	00	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
룔	27	Unrestricted net assets		27	
ĕ	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	ere service all the services of the services.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances		33	20406
	34	Total liabilities and net assets/fund balances		34	0

Form	990 (2012)				
Pa	rt XI Reconciliation of Net Assets			Pa	age 12
	Check if Schedule O contains a response to any question in this Part XI				
1	Total Teveride (must equal Fart VIII, COlumn (A), line 12)	11	· · · ·		<u>.                                    </u>
2	rotal expenses (must equal Part IX, column (A), line 25)	2			32010
3	rievenue less expenses. Subtract line 2 from line 1	3			11602
4	iver assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			20406
5	Net unrealized gains (losses) on investments	5			0 0
6	Bornated services and use of facilities	6			0
7 8	investment expenses	7			0
9	Frior period adjustments	8			0
10	Other changes in het assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (R))				
Par	33, column (B))	10			20406
	Check if Schedule O contains a response to any quantities in this in a visit				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>		
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," ex		.		
	Schedule O.	olain in			
2a					
	" 100, bricen a box below to indicate whether the thancial statements for the year were as a	 Nod o-	2a	00000000000	<b>√</b>
	The mast of a separate basis, consolidated basis, or both:	wed of			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	were the organization's financial statements audited by an independent accounts to		2b		HARAIO
	If tes, check a box below to indicate whether the financial statements for the year were suite	d on a		778-37	
	P- and basis, consolidated basis, or bottl.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If yes to line 2a or 2b, does the organization have a committee that assumes responsibility for a	ersiaht	DATE OF BEAUTY	3841,7321,1	AGET GREA
	of the about, review, or complication of its financial statements and selection of an independent account	stant?	1 - 1		1
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	olain in	4.50		8537-0
39			1324033		
UB	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	orth in	2-10-100		2,00,000
ь	If "Yes," did the organization undergo the required and the argument		3a		✓
~	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	go the			
	any steps taken to undergo such at	dits	3b		✓_
			Form	000	2010)

#### 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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	see separate instructions), th	nen			
• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer iden	tification number
	ylvanians for Accountability				46-1037233
Part	I-A Complete if the	e organization is exempt unde	er section 501(c	c) or is a section 527 o	organization.
1	Provide a description of t	he organization's direct and indire	t political campa	ign activities in Part IV.	
2	Political expenditures .			▶ \$	474599
3	Volunteer hours			· · · · · · · · · ·	0
Part	B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			. Yes No
4a	•		-		Tyes No
ь	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	· · · · · · · · · · · · · · · · · · ·
	activities			\$	474599
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function acti	vities		<b>▶</b> \$	(
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
					474599
4	Did the filing organization	n file Form 1120-POL for this year	·		Yes ✓ No
5		ses and employer identification nur			
		ents. For each organization listed,			
	the amount of political co	ontributions received that were pro-	nptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	lde Information in Part IV.
-	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) (value	(b) Address	(O) LIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
	la				
(2)					
\ <del>-</del> /					
(3)					
(0)					
(4)					
\ <b>'</b> ''					
(5)					
(3)					
(6)					

Sche	dule C (Form 990 or 990-EZ) 2014					Page 2
Par	t II-A Complete if the organizatio	n is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
	section 501(h)).  Check ▶ ☐ if the filing organization be name, address, EIN, exper	ises, and shar	re of excess lobb	ying expenditur	res).	oup member's
<u>B</u> (	Check ► ☐ if the filing organization ch	ecked box A a	and "limited cont	rol" provisions a	apply.	VATION
	Limits on Lobb (The term "expenditures" m				(a) Filing organization's totals	(b) Affiliated
12					organization's totals	group totals
ŀ		nce public opinion (grass roots lobbying)				
						***************************************
Ċ		•				
E		 Llines 1c and 1	 d\			
f		the amount fr	u) om the following	table in both		
•	columns.	ino amount ii		rable in boili		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the am	nount on line 1e.			
	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 over \$1,500,000. \$1,000,000.				
	Over \$17,000,000					
g						
h						
i	Subtract line 1f from line 1c. If zero or le					
j	If there is an amount other than zero					
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a see the	ction 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five columi	ns below.
	Lobbying	Expenditures	During 4-Year Av	reraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column (e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).					
For desc	for each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed lescription of the lobbying activity.		a)	(b)		
		Yes	No	Aı	noun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					<del></del>
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			,		
d	Media advertisements?					
e	Mailings to members, legislators, or the public?					
f	Publications, or published or broadcast statements?					
g	Grants to other organizations for lobbying purposes?					
h	Direct contact with legislators, their staffs, government officials, or a legislative body?					
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
' '	Other activities?					
и 2а	Total. Add lines 1c through 1i					
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				174	•
c	If "Yes," enter the amount of any tax incurred under section 4912					
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		- [			
	if the hing organization incurred a section 4912 tax, did it file form 4720 for this year?			10000 11000		
ai t	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	rsec	ction		
	00.1(0)(0):					
1	Were substantially all (000), or mare) diversity to the substantially all (000).				Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		1
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."  Dues, assessments and similar amounts from members	3), o ? (b)	r sec Part	ill-A, i	ne (	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts		1			
а	pointed expenses for which the section 527(f) tax was paid).	ŀ				
b	Current year .	. [	2a			
C	Carryover from last year	. [	2b			
	Total	1	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [	3			
4	in notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of a	L_ [				
	excess does the organization agree to campover to the reaconable entire at an all the continues.	ng				
5	and political expenditure next year?  Tayable amount of lobbying and political expenditure next year?		4			
art	raxable amount of looplying and political expenditures (see instructions)	. [	5			
	e the descriptions required for Dark A. Hand B. A. B. A. B.					
•	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.					and
e org	panization employed direct mail and digital advocacy in independent expenditure efforts in support of canc	lidate	s in th	e follow	ina	
:::::5)	Ivania state legislative districts: House Districts 31, 39, 83, 131, 156, 157; and Senate Districts 15, 37, and 4	9.				
					•••••	
· <b></b>						

Schedule C (For	chedule C (Form 990 or 990-EZ) 2014			
Part IV	Supplemental Information (continued)	Page 4		
*******				
************				
		v		

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Pennsylvanians for Accountability 46-1037233 Part VII: This organization's officers have reviewed this Form 990 and all attachments, and have had access to all organizational financial documents at all times. The organization has a written conflicts of interest party to which adherence was strict, and the officers regularly confirmed compliance.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer Identification number