A For the 2015 calendar year, or tax year beginning       06/15, 2016, and ending       12/31, 2016         B Creat Hapdace       Chame oroganization       DEmployer Identification number         32-0495654       32-0495654         X       Number and street (or P O boxif mail is not delivered to street address)       Room/suite       E Telephone number         Y       Number and street (or P O boxif mail is not delivered to street address)       Room/suite       E Telephone number         Y       Invariant       PO BOX 54582       (412) 837-8421       Yes         Y       PO BOX 54582       PHILADELPHIA, PA 19148       Gross recepts \$ 235,00         Y       PO BOX 54582 PHILADELPHIA, PA 19148       Yes       Yes         Y       PO BOX 54582 PHILADELPHIA, PA 19148       H(b) are streatment       Yes       Yes         Y       PO BOX 54582 PHILADELPHIA, PA 19148       Yes       Yes       Yes       Yes         I       Tax-exempt status       Sot(c)(3)       X Sot(c) (4) < (insert no.)       (4947(a)(1) or       'sor       '''No." attach is it (see nstructors)         J       Webate:       PASPOTLIGHT.ORG       H(c) Group exempton number       '''No." attach is it (see nstructors)         J       Brefly describe the organization's mission or most significant activates       SEE ATTACHMENT 1       '''			<b>90</b>	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co ▶ Do not enter social security numbers on this form as it m	de (excep	t private founda	tions)	20 <b>16</b> 20pen to Publi
B creak variater C have a degeneration D Employ transmission number 32-04 95654 Department with the programme in our delivered to street address) Reconstruct Rec				Information about Form 990 and its instructions is at www.	w.irs.gov	form990		Inspection
B Controlutions and grants (Car Do Ling and Car Trails and deliveral to street address)  X maximum X maxi	A F	or the	e 2016 cale	ndar year, or tax year beginning 06/15, 2016, and e	nding			· · · · · · · · · · · · · · · · · · ·
Image: Non-term       Decompositions       32/01/303/3         Image: Non-term       Doing buildings and street (or P Doing final is not delivered to street address)       RoomFlauble       E Telephone number         Image: Non-term       Doing buildings and street (or P Doing final is not delivered to street address)       RoomFlauble       E Telephone number         Image: Non-term       Doing buildings and street (or P Doing States)       BZ 00093 (A12)       States)       Control to street address	Bc	neck (fap	- Veebte	-				number
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Image: Name and the state of provincie, country, and 21P of foreign postil code       (412) 837-8421         Image: Name and the state of provincie, country, and 21P of foreign postil code       G cross receipts 1       235, 00         Image: Name and the state of provincie, country, and 21P of foreign postil code       G cross receipts 1       235, 00         Image: Name and address of principal officer       ERIC ROSSO       High is the state-state address of principal officer       235, 00         Image: Name and address of principal officer       ERIC ROSSO       High is the state-state address of the state of principal officer       235, 00         Image: Name and address of principal officer       ERIC ROSSO       High is the state-state address of the state officer       235, 00         Image: Name address of the governing look (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the governing body (Part V, line 10)       Image: Name address of the g	<u>^</u>	change				E Telephone nu	mber	<u></u> .
Training Cip of tiom state or province scoreing postal code         G Grass memory and ZPP direct postal code           PILIADELPHIA, PA 19148         G Grass memory and ZPP direct postal code           Takeward         Fame and address of principal collice         ERIC ROSSO         High Yes at statements.         Yes X           Takeward         Fame and address of principal collice         ERIC ROSSO         High Yes at statements.         Yes X           Takeward         State and statements.         Yes (XL)         State and statements.         Yes (XL)           Takeward         State and statements.         Yes (XL)         State and statements.         Yes (XL)           Takeward         State and statements.         Take and state and statements.         Yes (XL)         Yes (XL)         Yes (XL)           Take and state and	x				ane			1
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Webste:       PASPCTLIGHT.ORG       He() Graps asseption runners         Form of organization       Trust.       Association       Other       L Year of formation       2016       M State of legal domicle       1         Partil:       Summary       Issue of legal domicle       Issue of legal domicle       1         Partil:       Summary       It he organization's mission or most significant activities       SEE ATTACHMENT 1         Image:       If the organization discontinued its operations or disposed of more than 25% of its net assets       3         Number of independent voling members of the governing body (Part VI, line 1a)       3       4         5       Total number of inductate employed in calendary year 2016 (Part VI, line 2a)       6         6       Total number of inductate employed in calendary year 2016 (Part VI, line 2a)       6         7       Total number of inductate employed in calendary year 2016 (Part VI, line 2a)       6         7       Total number of inductates networks of the governing body (Part VI, line 2a)       0       7         8       Contributions and grants (Part VIII, column (C), line 34       0       0       0         10       Investment income (Part VIII, column (A), lines 3, ed, ed, 02, and 12)       0       0       0         10       Investment income (Part VIII, column (A), lines 1-3)	·		PO	BOX 54582 PHILADELPHIA, PA 19148				17 Yes
EForm of organization   X   Corporation   Trust   Association   Other ▶       L Year of formation   2016   M State of legal domicile       1         Brefly describe the organization's mission or most significant activities       SEE ATTACHMENT 1         1       Brefly describe the organization's mission or most significant activities       SEE ATTACHMENT 1         2       Check this box ▶ _ if the organization discontinued its operations or disposed of more than 25% of its net assets         3       Number of volting members of the governing body (Part VI, line 1b)		Tax-exe	empt status	501(c)(3) X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or	527	If "No," attac	chalist (see	instructions)
Summary       Image: Second Sec							-	
Particle describe the organization's mission or most significant activities SEE ATTACHMENT 1   Check this box  if the organization discontinued its operations or disposed of more than 25% of its nel assets   Number of undependent voting members of the governing body (Parl VI, line 1a)   Total number of independent voting members of the governing body (Parl VI, line 1b)   Total number of undependent voting members of the governing body (Parl VI, line 1b)   Total number of undependent voting members of the governing body (Parl VI, line 1b)   Total number of undependent voting members of the governing body (Parl VI, line 1b)   Total number of undependent voting members of the governing body (Parl VI, line 1b)   Total number of voting members (setmatel fine cessary)   Total number of voting members (setmatel fine cessary)   Total number of voting members (Parl VIII, column (C), line 12   Total number of voting members (Parl VIII, column (A), lines 2, d. and 7a)   Priory Year  Current Year   Controbutions and granis (Parl VIII, column (A), lines 3, d. and 7a)   Di Investment income (Parl VIII, column (A), lines 3, d. and 7a)   Total arevenue - add lines 8 through 11 (must equal Parl VIII, column (A), line 12)   Controbutions and granis (Parl VIII, column (A), lines 1-3)   Controbutions and granis (Parl VIII, column (A), lines 1-3)   Controbutions and granis (Parl VIII, column (A), lines 1-3)   Controbutions and granis (Parl VIII, column (A), lines 1-3)   Controbutions and granis (Parl VIII, column (A), lines 1-3)   Controbutions and granis (Parl VIII, column (A), lines 1-3)   Controbutions and granis (Parl VIII, column (A), lines 25)   Total arevenue - add lines 8 through 11 (must equal Parl VIII, column (A), lines 2-50   Controbutions and granis (Parl VI, column (A), lines 2-50   Total assets (Parl X, line 26)   Total assets			-		ear of form	ation 2016 <b>M</b>	State of le	gal domicile P
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90000       4         900000       5 Total number of individuals employed in calendar year 2016 (Part V. line 1b)       4         6       5         6 Total number of individuals employed in calendar year 2016 (Part V. line 2a)       5         6 Total number of individuals employed in calendar year 2016 (Part V. line 2a)       5         6 Total number of individuals employed in calendar year 2016 (Part V. line 2a)       7a         7a       7a       7a		3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	
and unterlated business taxable income from Form 900-T, line 32       Total         b Net unrelated business taxable income from Form 900-T, line 34       Prior Year         current Year       0         current Year       0         b Contributions and grants (Part VIII, line 1b)       0         current Year       0         current	وه دي	4	Number of in	dependent voting members of the governing body (Part VI, line 1b) $\ldots$ .			4	
B       Net unrelated business texable income from Form 90-T, line 34       Prior Year         B       Contributions and grants (Part VIII, line 1h)       0. 235,00         9       Program service revenue (Part VIII, lines 3, 4, and 7d)       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10)       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.         15       Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.         16       Professional fundraising expenses (Part IX, column (A), lines 25)       0.         17       Other expenses (Part IX, column (D), line 25)       0.         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 25)       0.         19       Revenue less expenses Subtract line 18 from line 12.       0.         21       Total assets (Part X, line 26)       0.         21       Total assets (Part X, line 26)       0.         22       Total assets (Deck       Mo	/itie	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)				
By end unrelated business taxable income from Form 990-T, line 34       To         By Contributions and grants (Part VIII, line 1h)       0. 235,00         9 Program service revenue (Part VIII, lines 3, 4, and 70)       0. 0.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 70)       0. 0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 0.       0. 0.         13 Grants and similar amounts paid (Part X, column (A), lines 1-3)       0. 0.         14 Benefits paid to or for members (Part X, column (A), line 4)       0. 0.         15 Salares, other compensation, employee benefits (Part X, column (A), line 5-10)       0. 63, 41         b Total fundraising expenses (Part X, column (A), line 25)       0. 0.         17 Other expenses (Part X, column (A), line 12.       0. 94, 32         18 Total expenses (Part X, column (A), line 25)       0. 0.         19 Revenue less expenses Subtract line 18 from line 12.       0. 157, 74         19 Revenue less expenses Subtract line 18 from line 20.       0. 77, 25         20 Total assets (Part X, line 16)       0. 77, 25         21 Total habilities (Part X, line 26)       0. 77, 25         22 Total assets (Part X, line 26)       0. 77, 25         21 Total assets (Part X, line 26)       0. 77, 25         22 Total assets (Part X, line 26)       0. 77, 25         22 Total a	cti							(
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8       Contributions and grants (Part VIII, line 1h)       0       235,00         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 70),       0       0         10       Univestment income (Part VIII, column (A), lines 3, 4, and 70),       0       0         11       Other revenue (Part VIII, column (A), lines 3, 4, and 70),       0       0         11       Other revenue (Part VIII, column (A), lines 3, 4, and 70),       0       0         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3),       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3),       0       0       63, 41         14       Benefits paid to or for members (Part IX, column (A), lines 1-3),       0       0       63, 41         15       Salares, other compensation, employee benefits (Part IX, column (A), lines 25),       0       0       63, 41         17       Other spenses (Part IX, column (A), line 11e),       0       0       94, 32       0       157, 74         17       Other spenses Add lines 13-17 (must equal Part IX, column (A), line-25),       0       0       77, 25         20       Total assets (Part X, line 26),       0       77, 25       0       77, 25         21       Total assets (Part X,		b	Net unrelated	I business taxable income from Form 990-T, line 34	<u></u>		7b	
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11       Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e),       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12),       0.         13       Grants and similar amounts pad (Part IX, column (A), lines 1-3),       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3),       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),       0.       63, 41         16       Professional fundraising ese (Part IX, column (A), line 12),       0.       63, 41         16       Professional fundraising ese (Part IX, column (A), line 12),       0.       63, 41         17       Other expenses (Part IX, column (D), line 12),       0.       94, 32         18       Total expenses Subtract line 18 from line 12,       0.       157, 74         19       Revenue less expenses Subtract line 18 from line 20,       0.       77, 83         20       Total assets (Part X, line 26),       0.       77, 83         21       Total sublitites (Part X, line 26),       0.       77, 72, 55         22       Total assets or fund balances.       0.       77, 83         23       O.       0.       77, 25         241       Signature Block       Indeer panales or	e l							233,00
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17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       94, 322         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       157, 74         19       Revenue less expenses Subtract line 18 from line 12.       0.       177, 25         20       Total assets (Part X, line 16),       0.       77, 25         21       Total assets (Part X, line 26),       0.       0.       77, 83         22       Net assets or fund balances Subtract line 21 from line 20.       0.       77, 25         22       Net assets or fund balances Subtract line 21 from line 20.       0.       77, 25         23       Net assets or fund balances Subtract line 21 from line 20.       0.       77, 25         24       Signature Block       0.       77, 25         25       Net assets or fund balances (other than officer) is based on all information of which preparer has any knowledge and belief, ecorrect, and complete Declaration of separer (other than officer) is based on all information of which preparer has any knowledge         ere       Signature of officer         ERIC ROSSO       Type or print name and title         Firm's address >2201 WISCONSIN AVE, NW SUITE 320 WASHING         ay the IRS discuss this return with the preparer shown above? (see instructors.         A       A	Sus	16 a	Professional	fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.	
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Image: Second	"			es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>\</u>			
20       Total assets (Part X, line 16)       End of Year         21       Total assets (Part X, line 16)       0.       77, 83         21       Total liabilities (Part X, line 26)       0.       58         22       Net assets or fund balances Subtract line 21 from line 20.       0.       77, 25         21       Signature Block       0.       77, 25         Jnder penalties of perups, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, note, correct, and complete Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge         ign       Signature of officer         Erric ROSSO       Type or printname and title         PrintType preparer's name       Preparer's signature         AMY C G ILBERT       WOLFAND, P.C.         Firm's address ▶2201 wisconsin Ave, NW SUITE 320 WASHING         Tay the IRS discuss this return with the preparer shown above? (see instructions.         Firm's address ▶2201 wisconsin Ave, see the separate instructions.				es Add lines 13-17 (must equal Part IX, column (A), line-25)				
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       0.       77, 83         21       Total liabilities (Part X, line 26)       0.       77, 83         22       Net assets or fund balances       Subtract line 21 from line 20.       0.       77, 25         211       Signature Block       0.       77, 25         Inder penalties of peruos i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, us, correct, and complete Declaration of geparer (other than officer) is based on all information of which preparer has any knowledge       0.       77, 25         ingneture of officer       ERIC ROSSO       ERIC ROSSO       Type or printname and title       Preparer's signature         aid       PrinuType preparer's name       Preparer's signature       AMY C GILBERT       Firm's name GILBERT & WOLFAND, P.C.         Firm's address >2201 wisconsin Ave, Nw suite 320 washing ay the IRS discuss this return with the preparer shown above? (see instructions.       Antice pervork Reduction Act Notice, see the separate instructions.				expenses Subtract line 18 from line 12				
Image: Signature Block       0.       11,23         Inder penalties of perjue; I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, note, correct, and complete Declaration of perjue; I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, note, correct, and complete Declaration of perjue; I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, note, correct, and complete Declaration of perjue; I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, is signature of officer         ign       Signature of officer         ere       ERIC ROSSO         Type or printiname and title       PrintType preparer's name         AMY C GILBERT       Preparer's signature         Firm's name       GILBERT & WOLFAND, P.C.         Firm's address       >2201 WISCONSIN AVE, NW SUITE 320 WASHING         ay the IRS discuss this return with the preparer shown above? (see instructions.         A         folio 1 000	nce				Beg	inning of Current		
Image: Signature Block       U.       11,23         Part II       Signature Block       Under penalties of perjue, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, ince. correct, and complete Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge         Signature of officer       ERIC ROSSO         Type or printname and title       Preparer's signature         AMY C GILBERT       WOLFAND, P.C.         Firm's name       GILBERT & WOLFAND, P.C.         Firm's address       >2201 WISCONSIN AVE, NW SUITE 320 WASHING         Tay the IRS discuss this return with the preparer shown above? (see instructions.         SA         E1010 1 000	Bala				· ·			
Part II       Signature Block         Under penalties of perus, i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, nue, correct, and complete' Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge         sign       Signature of officer         Error       ERIC ROSSO         Type or print name and title         Print/Type preparer's name         AMY C GILBERT         Firm's name       GILBERT & WOLFAND, P.C.         Firm's name       GILBERT & WOLFAND, P.C.         Firm's address       >2201 WISCONSIN AVE, NW SUITE 320 WASHING         lay the IRS discuss this return with the preparer shown above? (see instructions.         SA         1010 1 000					· ·			
Under penalties of peruon, i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, roue, correct, and complete Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge ign ere Signature of officer ERIC ROSSO Type or print name and title Print/Type preparer's name AMY C GILBERT Firm's name ►GILBERT & WOLFAND, P.C. Firm's address ►2201 WISCONSIN AVE, NW SUITE 320 WASHING ay the IRS discuss this return with the preparer shown above? (see instructions. A 1010 1 000					!		v•1	11,23
Sign lign       Signature of officer         ERIC ROSSO       Type or print name and title         Print/Type preparer's name       Preparer's signature         AMY C GILBERT       Firm's name ▶GILBERT & WOLFAND, P.C.         Firm's address ▶2201 WISCONSIN AVE, NW SUITE 320 WASHING         Nay the IRS discuss this return with the preparer shown above? (see instructions.         SA         E1010 1 000	_				statements	and to the best of	f my know	ledge and helief
Here       ERIC ROSSO         Type or print name and title         Paid         Preparer         Jse Only         Firm's name         >GILBERT         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's address         >2201 WISCONSIN AVE, NW SUITE 320 WASHING         May the IRS discuss this return with the preparer shown above? (see instructions.         For Paperwork Reduction Act Notice, see the separate instructions.         SA E1010 1 000	true	, corre	ct, and complet	e Declaration of preparer (other than officer) is based on all information of which prepa	rer has any	knowledge		
Here       ERIC ROSSO         Type or print name and title         Paid         Preparer         Jse Only         Firm's name         >GILBERT         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's address         >2201 WISCONSIN AVE, NW SUITE 320 WASHING         May the IRS discuss this return with the preparer shown above? (see instructions.         For Paperwork Reduction Act Notice, see the separate instructions.         SA E1010 1 000			、ス			ĺ		
BRTC ROSSO         Type or print name and title         Print/Type preparer's name         Print/Type preparer's name         AMY C GILBERT         Firm's name         GILBERT         Firm's address         >2201 wisconsin Ave, Nw suite 320 washing         May the IRS discuss this return with the preparer shown above? (see instructions.         SA E1010 1 000	Sig	n	Signatu	re of officer	<del></del>	I I		
Type or print name and title         Print/Type preparer's name         Print/Type preparer's name         Preparer         AMY C GILBERT         Firm's name         >GILBERT & WOLFAND, P.C.         Firm's address         >2201 wISCONSIN AVE, NW SUITE 320 WASHING         May the IRS discuss this return with the preparer shown above? (see instructions.         For Paperwork Reduction Act Notice, see the separate instructions.         SA E1010 1 000	lei	e	▶ ERIC	ROSSO				
Paid       AMY C GILBERT         Preparer       Firm's name ►GILBERT & WOLFAND, P.C.         Jse Only       Firm's address ►2201 WISCONSIN AVE, NW SUITE 320 WASHING         May the IRS discuss this return with the preparer shown above? (see instructions.         For Paperwork Reduction Act Notice, see the separate instructions.         SA IE1010 1 000								
Preparer       AMY C GILBERT         Jse Only       Firm's name         Firm's address       S201 WISCONSIN AVE, NW SUITE 320 WASHING         May the IRS discuss this return with the preparer shown above? (see instructions.         For Paperwork Reduction Act Notice, see the separate instructions.         ISA         SE1010 1 000			Print/Type pro	eparer's name Preparer's signature				
Use Onty Firm's name ►GILBERT & WOLFAND, P.C. Firm's address ►2201 WISCONSIN AVE, NW SUITE 320 WASHING May the IRS discuss this return with the preparer shown above? (see instruct For Paperwork Reduction Act Notice, see the separate instructions. USA SE1010 1 000			AMY C G	LBERT ACC				
Firm's address ▶2201 WISCONSIN AVE, NW SUITE 320 WASHING May the IRS discuss this return with the preparer shown above? (see instruct For Paperwork Reduction Act Notice, see the separate instructions.			Firm's name	▶GILBERT & WOLFAND, P.C.				
For Paperwork Reduction Act Notice, see the separate instructions.		•						
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SE 1010 1 000	or	Paper	work Reduct	ion Act Notice, see the separate instructions.				
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Part II		
	Check if Schedule O contains a response or note to any line in this Part III	
Brie	fly describe the organization's mission	
	TACHMENT 1	
Dud		at listed on the
	the organization undertake any significant program services during the year which were n	
prio	r Form 990 or 990-EZ?	Yes X N
	es," describe these new services on Schedule O	
	the organization cease conducting, or make significant changes in how it conducts	
	ιces?	Yes X N
	es," describe these changes on Schedule O	
exp	cribe the organization's program service accomplishments for each of its three largest enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount total expenses, and revenue, if any, for each program service reported	
a (Co	de ) (Expenses \$ 141, 619. Including grants of \$ ) (Reve	enue \$ )
	CATING THE PUBLIC ABOUT ATTEMPTS TO DIVIDE OUR STATE.	······································
	INSYLVANIANS DESERVE AN INCLUSIVE VISION THAT VALUES ALL PEOPI	
	ATES A STRONG MIDDLE-CLASS AND DOESN'T FALL INTO THE DIVISIVE	•
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	de ) (Expenses \$ including grants of \$ ) (Reve	enue \$ )
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Oth	er program services (Describe in Schedule O)	
(Exp	penses \$ including grants of \$ ) (Revenue \$	)
· ·	al program service expenses  141, 619.	· · · · ·
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Part	IV 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,"		100	<u> </u>
•	complete Schedule A.	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
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.			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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	X	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule D, Part I.</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			x
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		ĺ	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	l .	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
	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			Í
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	i	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			[
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X

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19? Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2016)

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Part IV

24d	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 25a	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		
	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	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	
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
	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		
		1	1

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b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	

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
24 2	Did the organization have a tax-everyont bond issue with an outstanding principal amount of more than	

## Checklist of Required Schedules (continued)

20a

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Form	990 (2016)		P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	<u>1c</u>	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
	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			х
	account)?	<u>4a</u>		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6	х	
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u>-</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь	х	
-	gifts were not tax deductible?	00		
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	7a		<b>/</b> /
ь	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	15		i
Ľ	required to file Form 8282?	7c		
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		[
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		[
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		í
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			ł
	Gross recepts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		└ └──┤
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-				
C	Enter the amount of reserves on hand	14a		x
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			
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rm 9	90 (2016) PENNSYLVANIA SPOTLIGHT 32-049	\$5654		Page <b>6</b>
arţ	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See in	str uc	tions
	Gheck If Schedule O contains a response or note to any line in this Part VI	•••	•••	X
ecti	on A. Governing Body and Management			
		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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	-		
b	Enter the number of voting members included in line 1a, above, who are independent	4		
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?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
L	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		X
;	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
5	Did the organization have members or stockholders?	6		X
'a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		ł	
	stockholders, or persons other than the governing body?	7b		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а		8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		x
cti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod	e.)	
			Yes	No
а	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			-
	rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
C	describe in Schedule O how this was done	12c		x
<b>,</b>	Did the organization have a written whistleblower policy?	13		X
, L	Did the organization have a written document retention and destruction policy?	14		X
	•			
5	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
	The organization's CEO, Executive Director, or top management official	15b		x
Ь	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	 16a		x
	with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-
	on C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed			
3	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           Own website         Another's website         X         Upon request.         Other (explain in Schedule O)	n 501(d	c)(3)s	s only
)	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	polic	y, an
•	financial statements available to the public during the tax year.	de 🕨		
D	State the name, address, and telephone number of the person who possesses the organization's books and recor GARY GRUVER 1725 I STREET, NW #900 WASHINGTON, DC 20006 202 962-7250	us 🕨		
			990	(2016
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Form 990 (2016	PENNSYLVANIA SPOTLIGHT	32-0495654 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	
	Check If Schedule O contains a response or note to any line in this Part VII	· · · · · · · · · · · · · · · · · · ·
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete organization's	this table for all persons required to be listed Report compensation for the calen tax year	idar year ending with or within the

• 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 organization compensated any current officer, director, or trustee

					C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for	L	1					the	organizations	compensation
	related	or in Officer employsest (W-2/1099-MISC)	(W-2/1099-MISC)	from the						
	organizations below dotted	e dua	ho	P	Ϊġ	est c	<b></b>	(W-2/1099-MISC)		organization and related
	line)	Ĩ	nalt		Key employee					organizations
		Individual trustee or director	Institutional trustee		C.	bens				
			8			Highest compensated employee				
(1)MICHAEL HEALEY	1.00									
DIRECTOR/PRESIDENT	0.	X		Х				0.	0.	0.
(2)ERIC ROSSO	40.00									
EXECUTIVE DIRECTOR	0.			Х				45,000.	0.	0.
(3)		ļ								
(4)		-								
(5)										
(0)		1								
(6)										
		1								
(7)										
(8)										
(9)		-								
(10)			-							
(10)	<u> </u>									
(11)										
<u></u>		1								
(12)										
(13)										
(14)										
		. <u> </u>								<u> </u>
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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Averaga hours per week (list any hours for	(do r box,	not ch unles:	(C Posit eck r s per	tion more son i	than or is both a pr/truste	ne an	(D) (E) Reportable Compensation from related the organizati		able Ion from ed	continued) (F) Estimated amount of other compensatio		of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		org an	om the anizatio d related anization	on :d
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b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A							45,000. 0. 45,000.		0. 0. 0.			( ( (
<ul> <li>Total number of individuals (including but not reportable compensation from the organizatio)</li> </ul>	limited to t		listed				re	ceived more than	\$100,000 of	F			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo										3	Yes	N X
4 For any individual listed on line 1a, is the organization and related organizations groups of the organization of the org	eater than	\$15	60,00	)0?	lf	"Yes,	" (	complete Schedu	le J for s	uch			X
<ul> <li>Individual</li></ul>	accrue co	mpen	satio	on f	rom	any	un	related organizati	on or individ	ual	4		
Section B. Independent Contractors											1		
<ol> <li>Complete this table for your five highest com compensation from the organization Report of year</li> </ol>													
(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	С	(C) ompen		
					_								
2 Total number of independent contractors (in more than \$100,000 in compensation from the				Ited	i to 0		l e lı	sted above) who	received				
	e organiza		-		0	•					Form	990	(20

Form	990 (2	PENNSYLVANIA SP	OTLIGHT			32-0495	654 Page <b>9</b>
Par	t VII	Statement of Revenue					·
		Check if Schedule O contains a response or r	i*	this Part V A)	(B)	(C)	(D)
	•		Total i	revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f \$	235,000.				
	h	Total Add lines 1a-1f		235,000.			
Service Revenue	2a b c d	Busine	Diss Code				
a	е					<u></u>	
Progra m	f	All other program service revenue					<u> </u>
<u>_</u>	g	Total. Add lines 2a-2f	· · · ▶	0.			
	3	Investment income (including dividends, in and other similar amounts)	►	<u>0.</u> 0.			
	5	Royalties		0			
	6a b c d 7a	Gross rents	ersonal	0.			
	b	assets other than inventory					
Other Revenue	d 8a b	Net gain or (loss)          Gross income from fundraising         events (not including \$	0 0	0.			
Ŭ	с	Net income or (loss) from fundraising events	►	<u>0.</u>			
	9a	Gross income from gaming activities See Part IV, line 19	0.				
		Less direct expenses b	0.	0			
	с 10а	Net income or (loss) from gaming activities.         Gross sales of inventory, less         returns and allowances	0.				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue Busini	0.	0.			
	11a		1				
	b						
	d						
	е	Total. Add lines 11a-11d		0			
JSA	12	Total revenue. See instructions	🕨 📃	235,000.			- 000
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### PENNSYLVANIA SPOTLIGHT

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b,`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	0.			
2	Grants and other assistance to domestic individuals See Part IV, Ime 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	45,000.	45,000.		
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.			
7		13,155.	13,155.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	5,264.	5,264.		
	Fees for services (non-employees)				<u> </u>
	Management	0.			
	b Legal	5,138.	2,055.	3,083.	
	Accounting	0.			
		0.			
	Professional fundraising services See Part IV, line 17	0.			
	f Investment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O), ATCH .2,	77,430.	66,000.	11,430.	
12	Advertising and promotion	0.			
13	Office expenses	371.	371.		
14	Information technology.	0.			
15	Royalties	0.			
16	Occupancy	0.			
17		3,332.	3,332.	<u></u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20		0.			
21	Payments to affiliates.	0.			
22		1,000.	1,000.		
23	Insurance	0.			
24					
	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)				
-	BANK/PAYROLL FEES	1,427.	1,158.	269.	
	INSURANCE	2,422.	1,075.	1,347.	
C	MEDIA/RESEARCH/TELEMARKETING	3,209.	3,209.		
d	I				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	157,748.	141,619.	16,129.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Checkhere				
	following SOP 98-2 (ASC 958-720)	0			

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Page	1	1

Check if Schedule O contains a response or note to any line in this Part X.           Check if Schedule O contains a response or note to any line in this Part X.           Image: Control of the second of the sec		1 990 (						Page 11		
(A)         (B)           1         Cash - non-interest-bearing         0         1         68, E           2         Savings and temporary cash investinints         0         1         68, E           3         Piedges and grants receivable, net         0         2         2           4         Accounts receivable, ret         0         4         2           5         Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees         0         5           6         Loans and other receivables from other disqualited perions (in defined under section and 956(c)(3)(6) voluntary employees: beneficary or granizations (ea entruction). Complete Part II of Schedule L         0         5           9         Prepaid expenses and deferred charges         0         8         9           9         Prepaid expenses and deferred charges         0         9         10a         10,000.           b Less accumulated deprecation         10a         10,000.         0         10c         9,0           11         Investments - publicly traded securities         0         11         10         13           10a         1,000.         0         10a         1,000.         0         10c           11         <	Pa	rt X	Balance Sheet							
2       Sawings and temporary cash investments       0       2         3       Pledges and grants receivable, net       0       3         4       Accounts receivable, net       0       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees       0       5         6       Loans and other receivables from other disquinied persons (a defined under section 4958(r)(1)), persons described in section 4958(r)(2)(8), and contributing employees and sponser acreatable, net       0       5         7       Notes and loans receivable, net       0       7       8         9       Prepaid expenses and deferred charges       0       9       9         10a       Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D       10a       10,000.       0       10c       9,0         11       Investments - other securities See Part IV, line 11       0       112       10a       10,000.       114       114         11       Investments - other securities See Part IV, line 11       0       14       10       13       114         11       Investments - other securities See Part IV, line 11       0       16       77,0       17         12       Investintents - otheresecurities See Part IV, li		•	Check if Schedule O contains a response of	or not	e to any line in this Pa	(A)	, <b></b>	(B)		
2       Savings and temporary cash investments       0       2         3       Pledges and grants receivable, net       0       3         4       Accounts receivable, net       0       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees       0       5         6       Loans and other receivables from other disqualified persons (as defined under section 4558(r(1)), persons described in section 4558(r(2)(3)B, and contributing employees and sponsing organizations of section 501(2) voluntary employees beneficiary organizations (see enstructions) 501(2) voluntary employees beneficiary organizations of section 501(2) voluntary employees beneficiary organizations (see enstructions) 501(2) voluntary employees beneficiary organizations of section 501(2) voluntary employees beneficiary organizations (see enstructions) complete Part II of Schedule L       0       6         7       Notes and lears receivable, net       0       8       9       9         10a       10,000.       0       10a       10,000.       0       10         11       Investments - other securities See Part IV, ine 11       0       12       11       10a       10,000.       0       11         12       Investments - other securities See Part IV, ine 11       0       12       13       11         13       Investments - otheresecurities See Part IV, i		1	Cash - non-interest-bearing			0.	1	68,837.		
3       Pledges and grants receivable, net       0.3         4       Accounts receivables from current and former officers, trustees, key employees, and highest compensated employees       0.4         5       Loans and other receivables from other disqualified persons (as defined under section 4966(13)(6) and accontributing employers and sponsoring organizations of section 501(16)(9) voluntary employees beneficiary organizations (or entropic Part II of Schedule L.       0.5         6       Loans and other receivables from other disqualified persons (as defined under section 4966(13)(6) voluntary employees beneficary organizations (or entropic Part II of Schedule L.       0.7         7       Notes and loans receivable, net.       0.8       9         9       Prepaid expenses and defired charges       0.9       9         10a       1.0, 000.       0.10c       9, 0         11       Investments - publicly traded securities       0.11       10c         12       Investments - other securities See Part IV, line 11       0.13       11         13       Investments - publicly traded securities       0.16       77, 5         14       Intargible assets       0.16       77, 5         15       Other assets See Part IV, line 11       0.16       77, 5         16       Tax assets Add lines 1 through 15 (must equal line 34)       0.16       77, 5         17 </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>0.</td>		-				0.				
4       Accounts receivable, net       0.4         5       Loars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees       0.5         6       Loars and other receivables from other diqualified prisms (at direct under section) and sponsorm organizations of a section 0516(9) voluntary employees beneficiary organizations (at direct under section) and sponsorm organization (at direct under section) and at direct under section (at direct under section) and at direct under section (at direct under section) and at direct under section (at direct under section) and at direct under section (at direct under section) and at direct under section (at direct under section) and at direct direct under section (at direct at direct direct under secet under direct under secet under section) and at di		_	Pledges and grants receivable, net	and grants receivable, net						
5       Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees and sponsong organizations described in section 4585(C)(3)(8), and contributing employers and sponsong organizations of section 501(C)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L       0.5         7       Notes and loans receivable, red.       0.8         9       Prepaid expenses and depreced to section 4585(C)(3)(8), and contributing employees beneficiary organizations of sective to 501(C)(9) voluntary employees beneficiary organizations of sective to 501(C)(9) voluntary employees beneficiary organizations of sective to 501(C)(9) voluntary employees beneficiary or described to the press of all encends of the press of the sective to sective the sective to sective the sective to set of the sective to set of the press of the sective to set of the press		4	Accounts receivable, net	• • •	•••••		4	0.		
trustees, key employees, and highest compensated employees Complete Part II of Schedule L       0.5         6       Lans and other receables from other disqualified persons (as defined under section 4956(1(1)), persons described in section 4956(2(3)(8), and contributing employers and approximations of section 501(2(3) vulnary employers beneficiary       0.5         7       Notes and loans recearble, Ret.       0.7         8       Inventores for sale or use       0.8         9       Prepaid expenses and deferred charges       0.9         10a       Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D       10a       10.,000.         11       Investments - publicly traded securities       0.12       11         12       Investments - program-related See Part N, line 11       0.13       11         13       Investments - program-related See Part N, line 11       0.14       12         14       Intragible assets       0.17       18         15       Coting assets       0.17       18         16       Total assets. Add lines 1 through 15 (must equal line 34)       0.18       19         19       Deferred revnue       0.19       21         21       Larans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0.22       22         2		-	Loans and other receivables from current and	forme	r officers, directors,		-			
Complete Part II of Schedule L         0.5           6         Lears and other receasable from other desualified persons (as defined under section 4956(f(1)), persons described in section 4956(c(2)(9), and contributing employees and sponcering organizations of sections 501(c(3)) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L         0.5           7         Notes and loans receivable, net.         0.7           8         Inventories for sale or use         0.8           9         Prepraid expenses and deferred charges         0.9           10a         Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D         10a         10.000.           b         Less accumulated depreciation.         10b         1.0000.         11d           11         Investments - publicly traded securities         0.11         12           11         Investments - publicly traded securities         0.144         13           11         Investments - publicly traded securities         0.144         14           15         Total assets. Add lines 1 through 15 (must equal line 34)         0.16         77.7           17         Accounts payable and accrued expenses         0.177         16           17         Accounts payable and accrued expenses         0.210         21           22         Leas and		-								
4958(f(1)), persons described in section 4958(c)(3)(6), and contributing employers organizations (see instructions) Complete Part II of Schedule L       0       6         7       Notes and loans receivable, net       0       8         9       Prepaid expenses and deferred charges       0       8         10a       Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D       10a, 100,000.       9         11       Investments - publicly traded securities       0.11       9         11       Investments - publicly traded securities       0.11       9         12       Investments - publicly traded securities       0.11       11         13       Investments - program-related See Part IV, line 11       0.12       12         14       Intargible assets, See Part IV, line 11       0.14       14         15       Other assets See Part IV, line 11       0.16       77, r.6         16       Total assets, Add lines 1 through 15 (must eoual line 34)       0.16       77, r.6         17       Accounts payable and accrued expenses       0.117       18       0         19       Deferred revenue       0.18       0       20         21       Escore or custodial account liabilities       0.20       21         22       Loans and other				•		0.	5	0.		
at       0       7         Notes and loans receivable, net.       0       7         a       Inventories for sale or use.       0       8         9       Prepaid expenses and deferred charges       0       9         10a       Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D       10a       10,000.       0       9         11       Investments - publicly traded securities       0       11       1       0       12         12       Investments - porgram-related See Part IV, line 11       0       12       1       0       13         14       Intargible assets       0       16       77, £       14         15       Other assets See Part IV, line 11       0       13       14         16       Total assets. Add lines 1 through 15 (must equal line 34)       0       16       77, £         17       Accounts payable and accrued expenses       0       19       12       12         12       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diasulifed persons Complete Part II of Schedule L       0       22         22       Loans and other payables to unrelated third parties       0       23       22       23		6	4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	), and untary	contributing employers employees' beneficiary			0.		
9       Prepaid expenses and deferred charges       0.       9         10a       Land, buildings, and equipment costor other basis Complete Part VI of Schedule D       10a       10,000.       0.         b       Less accumulated depreciation.       10b       1,000.       0.       10c       9,0         11       Investments - publicly traded securities       0.       11       0.       12         12       Investments - program-related See Part IV, line 11       0.       13       0.       14         13       Investments - program-related See Part IV, line 11       0.       15       7.         16       Other assets Add lines 1 through 15 (must equal line 34)       0.       16       77, fE         17       Accounts payable and accrued expenses       0.       18       0.       18         19       Deferred revenue       0.       19       0.       21         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.       22       22         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       0.       22       23         23       Secured mortgages and notes payable to unrelated third partes	ts	7	Notes and loans receivable net		••••+		-	0.		
9       Prepaid expenses and deferred charges       0.       9         10a       Land, buildings, and equipment costor other basis Complete Part VI of Schedule D       10a       10,000.       0.         b       Less accumulated depreciation.       10b       1,000.       0.       10c       9,0         11       Investments - publicly traded securities       0.       11       0.       12         12       Investments - program-related See Part IV, line 11       0.       13       0.       14         13       Investments - program-related See Part IV, line 11       0.       15       7.         16       Other assets Add lines 1 through 15 (must equal line 34)       0.       16       77, fE         17       Accounts payable and accrued expenses       0.       18       0.       18         19       Deferred revenue       0.       19       0.       21         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.       22       22         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       0.       22       23         23       Secured mortgages and notes payable to unrelated third partes	SS		Inventories for sale or use	•••	•••••			0.		
10a       Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D       10a       10,000.       0.10c       9,0         11       Investments - publicly traded securities       0.11       0.12       0.12         12       Investments - publicly traded securities       0.11       0.13       0.14         13       Investments - other securities See Part IV, line 11       0.13       0.14         14       Intragible assets       0.14       0.14         15       Other assets See Part IV, line 11       0.13       0.14         16       Total assets Add lines 1 through 15 (must equal line 34)       0.16       77.8         16       Total assets Add lines 1 through 15 (must equal line 34)       0.18       0.19         17       Accounts payable and accrued expenses       0.17       0.18         18       Grants payable, and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule D       0.21       22         21       Less and other s and lons payable to unrelated third parties       0.23       24       0.24         22       Loans and others and lons payable to unrelated third parties       0.25       5         24       Unsecured notes and lons payable to unelated third parties	۲	-	Prenaid expenses and deferred charges	• • •			-	0.		
other basis Complete Part VI of Schedule D         10a         10,000.         110.         100.         110.         100.         111.         111.         10		•		i · · ·	· · · · · · · · · · · · · · ·		5			
b Less accumulated depreciation.       10b       1,000.       0.10c       9,0         11       Investments - publicly traded securities       0.11       0.11         12       Investments - publicly traded securities See Part IV, line 11       0.13       0.13         13       Investments - program-related See Part IV, line 11       0.14       0.14         14       Intrangible assets.       0.14       0.15         15       Other assets See Part IV, line 11       0.16       77,6         16       Total assets. Add lines 1 through 15 (must equal line 34)       0.16       77,6         17       Accounts payable and accrued expenses.       0.17       0.18         19       Deferred revenue       0.19       0.20         20       Tax-exempt bond liabilities       0.20       0.21         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.21       0.22         22       Loans and other payables to urrelated third parties       0.22       0.23         24       Unsecured notes and loans payable to unrelated third parties       0.24       0.25         25       Other liabilities (including federal income tax, payables to related third parties       0.26       5         25       Other liabilities (including federal inc		IVa		102	10,000.					
11       Investments - publicly traded secunties       0.11         12       Investments - other secunties See Part IV, line 11.       0.12         13       Investments - program-related See Part IV, line 11.       0.13         14       Intangible assets.       0.14         15       Other assets See Part IV, line 11.       0.15         16       Total assets. Add lines 1 through 15 (must equal line 34)       0.16       77, fe         17       Accounts payable and accrued expenses.       0.118       19         20       Tax-exempt bond liabilities       0.20       21         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.21       22         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       0.23         23       Secured mortgages and notes payable to unrelated third parties.       0.24         24       Other liabilities, including federal income tax, payables to related third parties.       0.25         24       Other liabilities. Add lines 17 through 25.       0.26       5         25       Total liabilities. Add lines 17 through 25.       0.26       5         26       Total liabilities. Add lines 17 through 25.       0.26		ь		100	1,000.	0.	100	9,000.		
12       Investments - other securities See Part IV, line 11       0.12         13       Investments - program-related See Part IV, line 11       0.13         14       Intangible assets.       0.14         15       Other assets See Part IV, line 11       0.16         16       Total assets. Add lines 1 through 15 (must equal line 34)       0.16         17       Accounts payable and accrued expenses.       0.17         18       Grants payable and accrued expenses.       0.19         20       Tax-exempt bond liabilities       0.20         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.21         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       0.23         24       Unsecured notes and loans payable to unrelated third parties.       0.24         25       Other liabilities (including federal income tax, payables to related third partes, and other liabilities not included on lines 17-24) Complete Part X       0.25         26       Total liabilities. Add lines 17 through 25.       0.26       5         26       Organizations that follow SFAS 117 (ASC 958), check here       X and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td></td<>								0.		
13       Investments - program-related See Part IV, line 11       0.13         14       Intangible assets       0.14         15       Other assets See Part IV, line 11       0.15         16       Total assets. Add lines 1 through 15 (must equal line 34)       0.16         17       Accounts payable and accrued expenses       0.17         18       Grants payable       0.19         20       Tax-exempt bond liabilities       0.20         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated emptyees, and disqualified persons Complete Part II of Schedule L       0.22         23       Secured mortgages and notes payable to unrelated third parties       0.23         24       Unsecured notes and loans payable to unrelated third parties       0.25         25       Other liabilities not included on lines 17-24) Complete Part X       0.25         26       Total liabilities. Add lines 17 through 25       0.26         27       Organizations that follow SFAS 117 (ASC 958), check here       X         28       Temporarily restricted net assets       0.28         29       Permanently restricted net assets       0.22         29       Pe			Investments other securities See Part IV line 11	• • •	•••••			0.		
14       Intangible assets       0.       14         15       Other assets See Part IV, line 11.       0.       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       0.       16       77, E         17       Accounts payable and accrued expenses.       0.       17         18       Grants payable       0.       18         19       Deferred revenue       0.       19         20       Tax-exempt bond liabilities       0.       20         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.       21         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       0.       22         23       Secured mortgages and notes payable to unrelated third parties       0.       23       24         24       Unsecured notes and loans payable to unrelated third parties       0.       24       25         24       Unsecured notes and loans payable 25       0.       26       5         25       Other liabilities. Add lines 17 through 25       0.       26       5         26       Total liabilities. Add lines 37 through 29, and lines 33 and 34.       0.								0.		
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17       Accounts payable and accrued expenses       0.17         18       Grants payable       0.18         19       Deferred revenue       0.19         20       Tax-exempt bond liabilities       0.20         21       Escrow or custodial account liability Complete Part IV of Schedule D       0.21         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       0.22         23       Secured mortgages and notes payable to unrelated third parties       0.23         24       Unsecured notes and loans payable to unrelated third parties       0.24         25       Other liabilities (including federal income tax, payables to related third partes, and other liabilities not included on lines 17-24) Complete Part X of Schedule D       0.25         26       Total liabilities. Add lines 17 through 25       0.26         27       Unrestricted net assets       0.27       77,2         28       Temporarily restricted net assets       0.29       0         28       Temporarily restricted net assets       0.29       0         29       Permanently restricted net assets       0.29       0         29       Permanently restricted net assets       0.29       0         29			Total assets Add lines 1 through 15 (must equal			77,837.				
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20       Tax-exempt bond liabilities       0. 20         21       Escrow or custodial account liability Complete Part IV of Schedule D       0. 21         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       0. 22         23       Secured mortgages and notes payable to unrelated third parties       0. 23         24       Unsecured notes and loans payable to unrelated third parties       0. 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 of Schedule D       0. 25         26       Total liabilities. Add lines 17 through 25       0. 26         27       Unrestricted net assets       0. 27         28       Temporarily restricted net assets       0. 27         29       Permanently restricted net assets       0. 28         29       Permanently restricted net assets       0. 29         0       Ordanistions that onot follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34.       30         29       Permanently restricted net assets       0. 29         0       77, 7, 2       30         30       Capital stock or trust principal, or current funds       31         31			Deferred revenue	•••				0.		
21       Escrow or custodial account liability Complete Part IV of Schedule D       0 ⋅ 21         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       0 ⋅ 22         23       Secured mortgages and notes payable to unrelated third parties       0 ⋅ 23         24       Unsecured notes and loans payable to unrelated third parties       0 ⋅ 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 of Schedule D       0 ⋅ 25         26       Total liabilities. Add lines 17 through 25.       0 ⋅ 26         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       0 ⋅ 27         27       Unrestricted net assets       0 ⋅ 28       29         29       Permanently restricted net assets       0 ⋅ 29       0 ⋅ 29         01       Capital stock or trust principal, or current funds       30       31         30       Capital stork or trust principal, or current funds       32       32         33       Total net assets or fund balances       0 ⋅ 33       77, 72			Tax-exempt bond liabilities				0.			
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       0. 22         23       Secured mortgages and notes payable to unrelated third parties       0. 23         24       Unsecured notes and loans payable to unrelated third parties       0. 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 of Schedule D       0. 25         26       Total liabilities. Add lines 17 through 25.       0. 26         27       Unrestricted net assets       0. 27         28       Temporarily restricted net assets       0. 28         29       Permanently restricted net assets       0. 29         0rganizations that do not follow SFAS 117 (ASC 958), check here        0. 28         29       Permanently restricted net assets       0. 29         0rganizations that do not follow SFAS 117 (ASC 958), check here        0. 28         29       Permanently restricted net assets       0. 29         0rganizations that do not follow SFAS 117 (ASC 958), check here        0. 28         29       Permanently restricted net assets       0. 29         0       0       30         30       Capital stock or trust principal, or current funds			Escrow or custodial account liability. Complete P	art IV (	of Schedule D			0.		
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23       Secured motigages and notes payable to unrelated third parties       0.23         24       Unsecured notes and loans payable to unrelated third parties       0.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D       0.25         26       Total liabilities. Add lines 17 through 25.       0.26         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       0.27         27       Unrestricted net assets       0.28       0.29         29       Permanently restricted net assets       0.29       0.29         0rganizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.       30       30         29       Permanently restricted net assets       0.29       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       0.33       77, 7	itie		• •							
23       Secured motigages and notes payable to unrelated third parties       0.23         24       Unsecured notes and loans payable to unrelated third parties       0.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D       0.25         26       Total liabilities. Add lines 17 through 25.       0.26         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       0.27         27       Unrestricted net assets       0.28       0.29         29       Permanently restricted net assets       0.29       0.29         0rganizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.       30       30         29       Permanently restricted net assets       0.29       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       0.33       77, 7	bil					0.	22	0.		
24       Unsecured notes and loans payable to unrelated third parties.       0.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X       0.25         26       Total liabilities. Add lines 17 through 25.       0.26         26       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       0.27         27       Unrestricted net assets       0.28         29       Permanently restricted net assets       0.29         0rganizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31         33       Total net assets or fund balances       0.33       77, 72	Ľ.	23						0.		
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D								0.		
26       Total liabilities. Add lines 17 through 25.       0. 26       5         Organizations that follow SFAS 117 (ASC 958), check here       X and       0. 27       77,2         28       Complete lines 27 through 29, and lines 33 and 34.       0. 27       77,2         28       Temporarily restricted net assets       0. 28       0. 29         29       Permanently restricted net assets       0. 29       0. 29         0       Capital stock or trust principal, or current funds       30       30         29       Stock or trust principal, or current funds       31       31         29       33       Total net assets or fund balances       0. 33       77,2		25	Other liabilities (including federal income tax,							
Organizations that follow SFAS 117 (ASC 958), check here       X       and         complete lines 27 through 29, and lines 33 and 34.       0. 27       77,2         27       Unrestricted net assets       0. 28         29       Permanently restricted net assets       0. 29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       29         0       0       30         1       0       30         2       0       31         2       0       31         3       0       33         2       0       33         2       0       33         3       0       0			of Schedule D					585.		
secomplete lines 27 through 29, and lines 33 and 34.       0. 27       77, 2         27       Unrestricted net assets       0. 28         28       Temporarily restricted net assets       0. 29         29       Organizations that do not follow SFAS 117 (ASC 958), check here       and         29       Organizations that do not follow SFAS 117 (ASC 958), check here       and         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       0. 33       77, 2		26				0.	26	585.		
29       Permanently restricted net assets       0.29         Organizations that do not follow SFAS 117 (ASC 958), check here       and       and         complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       0.33	ces		complete lines 27 through 29, and lines 33 and		where $\blacktriangleright$ $X$ and					
29       Permanently restricted net assets       0.29         Organizations that do not follow SFAS 117 (ASC 958), check here       and       and         complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       0.33	lan							77,252.		
Organizations that do not follow SFAS 117 (ASC 958), check here	Ва		Temporarily restricted net assets				0.			
	pu	29				0.	29	0.		
	or Fu		complete lines 30 through 34.							
	ŝts		Capital stock or trust principal, or current funds				30			
	SSE		Paid-in or capital surplus, or land, building, or equ	upmei	nt fund		31			
	۲.	32	Retained earnings, endowment, accumulated inc	ome,	protherfunds					
34 Total liabilities and net assets/fund balances	ž		Total net assets or fund balances		<u> </u>			77,252.		
		34	Total liabilities and net assets/fund balances			0.	34	Form <b>990</b> (2016)		

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1	Total revenue (must equal Part VIII, column (A), line 12)	1		235,0	500.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		157,	748.		
3	Revenue less expenses Subtract line 2 from line 1	3		77 <b>,</b> 252			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0.			
5	Net unrealized gains (losses) on investments	5			0.		
6	Donated services and use of facilities	6					
7	Investment expenses ,	7			0.		
8							
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		77,3	252.		
Part	XII Financial Statements and Reporting	. ·					
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			1			
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	in				
	Schedule O	•		í			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a	.	x		
20	If "Yes," check a box below to indicate whether the financial statements for the year were com		· · ·	1	<u> </u>		
	reviewed on a separate basis, consolidated basis, or both	ipiicu					
	Separate basis Consolidated basis Both consolidated and separate basis			1			
L			21		x		
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit		· · ·	<u>·                                     </u>	<u> </u>		
	separate basis, consolidated basis, or both		a				
	Separate basis, consolidated basis, or both						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	-		.			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		" <u> </u>	<u>,                                    </u>	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	IN				
	Schedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				x		
	the Single Audit Act and OMB Circular A-133?			<u>i  </u>	<b>⊢^</b>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		4				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	31	)			

Form **990** (2016)

Page **12** 

Form 990 (20	16)	
Part XI	Reconciliation of Net Assets	
	·Check if Schedule O contains a response or note to any line in this Part XI	· · · ·

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			Political Campaign a	nd Lobbying	<b>j Activ</b> i	ities	OMB No 1545-0047
(FOLI	orm 990 or 990-EZ) For Organizations Exempt From Income Tax Under section					nd section 527	2016
Internal	nent of the Treasury Revenue Service	Information	lete If the organization is described be tion about Schedule C (Form 990 or 9	90-EZ) and Its Instruc	tions is at w		<sup>990.</sup> Inspection
			on Form 990, Part IV, line 3, or Form Complete Parts I-A and B Do not comp		6 (Political C	ampaign Activitio	es), then
		•	on 501(c)(3)) organizations Complete F		o not compl	ete Part I-R	
	ection 527 organiz						
	•		on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 47	(Lobbying	Activities), then	
• S	ection 501(c)(3) or	ganizations	that have filed Form 5768 (election un	der section 501(h)) Co	mplete Part	II-A Do not comp	lete Part II-B
		•	that have NOT filed Form 5768 (election				
	organization answ ee separate instru		on Form 990, Part IV, line 5 (Proxy	Tax) (see separate ir	istructions)	or Form 990-E2	Z, Part V, line 35c (Proxy
	•		anizations Complete Part III				
Name	of organization					Employer ident	ification number
	SYLVANIA SP			<u></u>		32-0495	
Part	<u> </u>		organization is exempt under				
			organization's direct and indirect p	oolitical campaign ad	ctivities in F	Part IV (see in	structions for definition
	of "political camp						
			(see instructions)				
			campaign activities (see instruction rganization is exempt under s			<u></u>	
Part			· ·			<b>•</b> •	
			use tax incurred by the organization is tax incurred by organization m				
			a section 4955 tax, did it file Form				
	-			-			
	f "Yes," describe			• • • • • • • • • • • •	• • • • •		
Part			rganization is exempt under	section 501(c), ex	cept sect	tion 501(c)(3).	
1 E	Enter the amoun	t directly e	xpended by the filing organization	n for section 527 ex	kempt fund	ction	
<b>2</b> E	Enter the amount	t of the film	ig organization's funds contributed	I to other organizati	ons for sea	ction	
3 1	Fotal exempt fur	nction expe	enditures Add lines 1 and 2 En	ter here and on Fo	orm 1120-F	POL,	
4 [ 5 E c	Did the filing orga Enter the names, organization mad he amount of po	anization file addresses le payment plitical cont	e Form 1120-POL for this year? and employer identification numb s For each organization listed, en inibutions received that were prom ad or a political action committee (	er (EIN) of all sector ter the amount para aptly and directly de	on 527 pol from the livered to	itical organizat filing organiza a separate poli	tions to which the filing tion's funds Also enter tical organization, such
	(a) Name		(b) Address	(c) EIN	filing or	int paid from ganization's c one, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
For Pa	perwork Reductio	n Act Notice	e, see the Instructions for Form 990 o	 r 990-EZ.		Schedule	C (Form 990 or 990-EZ) 2016

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Sch	edule C (Form 990 or 990-EZ) 2016 PENNSY	LVANIA SPOTLIGHT	32-04	195654 Page <b>2</b>
Pa	IT II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
A		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expense		oup member's
В	Check  If the filing organization	checked box A and "limited control" provis	ions apply	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b C	Total lobbying expenditures to influence Total lobbying expenditures (add lines 1	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b)		
е		d lines 1c and 1d)	<u> </u>	
f	Lobbying nontaxable amount Enter th columns	e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount 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		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)		
h	Subtract line 1g from line 1a If zero or le	ess, enter -0		
i	Subtract line 1f from line 1c If zero or le	ss, enter -0		
j		on either line 1h or line 1i, did the organiza		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under section 501(h)		
	(Some organizations that made a	section 501(h) election do not have to comp	lete all of the five colum	ns below.

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

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
<b>d</b> Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2016

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PENNSYLVANIA SPOTLIGH
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Ра	rtII-5 Complete if the organization is exempt under section 501(c)(3) and has NC . (election under section 501(h)).	T file	d For	m 576	8		
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	3)		(b)		
	cription of the lobbying activity	Yes	No		Ато	Int	
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)?						
c d e	Media advertisements?						
f	Grants to other organizations for lobbying purposes?						
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		·				
j 2a	Total Add lines 1c through 1i						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	l(c)(5)	, or s	ectior	ו		
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political cam paign activity expenditures fr rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	 om the I(c)(5)	prior , <b>or s</b>	year? ectior	2 3	Yes X X 3, is	No X
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	unts	of				
a b c	Current year.         Curryover from last year.           Total         Curryover from last year.			2a 2b 2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	ies n of th	 ne	3			
5	excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year?			4			
	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliati ee instructions), and Part II-B, line 1 Also, complete this part for any additional information	ea gro	up list	), Part	II-A, II	nes 1	and

Schedule C (Form 990 or 990-EZ) 2016

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Part IV	<u>Supplementa</u>	I Information	(continued	)

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Page 4

Schedule C (Form 990 or 990-EZ) 2016

# SCHEDULE D

#### | Einancial St C

SCHEDULE D		Sunnlem	ental Financial Statement	e	OMB No 1545-0047
(Form 990)		► Complete If	2016		
	•	Part IV, line 6, 7	, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o		
	rtment of the Treasury	<b>N</b> information about Sabadul	Attach to Form 990. Ie D (Form 990) and its instructions is at www.		Open to Public Inspection
-	al Revenue Service	Information about Schedul	e D (Form 990) and its instructions is at www.	Employer Identification	
	INSYLVANIA SP	OTLIGHT		32-0495654	
Pa	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6		
			(a) Donor advised funds	(b) Funds and ot	her accounts
1	Total number at e	end of year			
2		of contributions to (during year)		· ··· · · · · · · · · · · · · · · · ·	<u> </u>
3		of grants from (during year)			
4		at end of year	ll		
5			advisors in writing that the assets held		Yes No
6			e organization's exclusive legal control? . and donor advisors in writing that grant f		
0			fit of the donor or donor advisor, or for a		
					Yes No
Pa		ation Easements.			
	Complete	e if the organization answered	"Yes" on Form <u>990,</u> Part IV, line 7		
1		-	e organization (check all that apply)		
		on of land for public use (e g , rec	·	of a historically impo	
		of natural habitat	Preservation	of a certified historic	; structure
2		on of open space	old a qualified concernation contribution i	n the form of a conce	- aton
2		last day of the tax year	eld a qualified conservation contribution in		nd of the Tax Year
а		•		2a	
b			s	2b	
c	-	-	historic structure included in (a)	2c	
d			c) acquired after 8/17/06, and not on a		
				2d	
3		ervation easements modified, trai	nsferred, released, extinguished, or termi	nated by the organiz	ation during the
	taxyear ▶				
4			ervation easement is located		
5	-	· · · ·	garding the periodic monitoring, inspec	-	
6			sements it holds?		
U		hours devoted to monitoring, inspet	cing, handling of violations, and enforcing co		uning the year
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easeme	nts during the vear
	▶\$	• ·			5 ,
8	Does each conser	vation easement reported on line	2(d) above satisfy the requirements of sect	،(I) non 170(h)(4)	
	and section 170(h	n)(4)(B)(#)?		l	Yes L No
9		•	conservation easements in its revenue an	•	
			of the footnote to the organization's finance	cial statements that de	escribes the
Da		counting for conservation easement	s of Art, Historical Treasures, or Othe	r Similar Assots	
ŗ e			"Yes" on Form 990, Part IV, line 8	a Sinnia Assels.	
1a	•	·			and balance shee
i d	works of art, his	torical treasures, or other similar	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu ootnote to its financial statements that dea	ucation, or research	in furtherance of
-					
b	If the organization	on elected, as permitted under torical treasures or other similar	SFAS 116 (ASC 958), to report in its i ar assets held for public exhibition, edi	revenue statement a	ind balance sheet
		by de the following amounts relat			
	(i) Revenue inclu	ided in Form 990, Part VIII, line 1			
	(ii) Assets include	ed in Form 990, Part X		· · · · · · ▶ \$_	
2	If the organization	on received or held works of a	rt, historical treasures, or other similar	assets for financial	gain, provide the

If the	organization	received or	held works	of art,	historical	treasures,	or c	other	sımılar	assets	for	financial	gaın,	provide	the
followi	ng amounts	required to be	e reported u	nder SF	AS 116 (AS	SC 958) rela	ating	to the	ese item	IS					
-			<b>-</b> · · · · · ·									<b>N</b> .			

a Revenue included in Form 990, Pa	art VIII, line 1	···· ▶ \$
b Assets included in Form 990, Part >	X <u></u> <u> </u>	. <u></u> <b>&gt;</b> \$
For Paperwork Reduction Act Notice, see th	he Instructions for Form 990.	Schedule D (Form 990) 2016
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4764ME 7165	V 16-7F	PAGE

•	PENNS	YLVANIA SPC	TLIGHT					32-04	95654		
Sched	lule D (Form 990) 2016									P	age 2
Par	Organizations Maintaining	Collections of	Art, Hist	orical Tre	easure	es, or O	ther Simil	ar Asse	t <b>s</b> (cor	tınue	ed)
3	Using the organization's acquisition, a	accession, and o	other recor	ds, check	any of	f the follo	wing that a	are a sign	ificant	use o	of its
	collection items (check all that apply)			_							
а	<ul> <li>Public exhibition</li> </ul>		d	Loan or	excha	nge progr	ams				
b	Scholarly research		e	Other _							
С	Preservation for future generations										
4	Provide a description of the organization	tion's collections	and expla	ain how the	ey furt	ther the c	organization	's exemp	t purpos	se in	Part
	XIII										
5	During the year, did the organization so	olicit or receive of	donations o	f art, histor	ical tre	easures, o	r other simi	lar _			_
	assets to be sold to raise funds rather t		ained as pa	rt of the or	ganiza	tion's coll	ection?	<u>  </u>	Yes		No
Par	t IV Escrow and Custodial Arran					_			_		
	Complete if the organization 990, Part X, line 21	answered "Ye	s" on Form	n 990, Par	t IV, li	ne 9, or I	reported ar	n amoun	t on Fo	rm	
1a	Is the organization an agent, trustee, o	custodian or othe	er intermed	lary for col	ntributi	ons or oth	ier assets no	ot		_	_
	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Pa										
							A	mount			
С	Beginning balance				[	1c					
d	Additions during the year				[	1d					
е	Distributions during the year				[	1e					
f	Ending balance					1f					
2 a	Did the organization include an amoun	nt on Form 990,	Part X, line	21, for es	crow o	or custoda	al account lia	ability?	Yes		No
	If "Yes," explain the arrangement in Pa	art XIII Check h	ere if the ex	planation h	as bee	en provide	d on Part XII	<u> </u>	<u></u>		
Par											
	Complete if the organization	answered "Yes	s" on Form								
		(a) Current year	<b>(b)</b> Prio	r year	(C) Two	years back	(d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships		·								
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	<u></u>					_				
2	Provide the estimated percentage of t	he current year	end balanc	e (line 1g, c	olumn	(a)) held a	as				
а	Board designated or quasi-endowment	•	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ►_										
	The percentages on lines 2a, 2b, and										
3a	Are there endowment funds not in the	possession of the	ne organiza	ition that a	re helo	d and adm	ninistered for	the	r		
	organization by									Yes	No
	(i) unrelated organizations					• • • • •			3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related of	organizations liste	d as require	ed on Scheo	dule R'	?			3b		
4	Describe in Part XIII the intended uses		tion's endo	wment fund	S						
Par	t VI Land, Buildings, and Equipm Complete if the organization	ient. Lanswered "Ye	es" on Forr	n 990 Pa	rt IV	line 11a	See Form	990 Par	tX lune	- 10	
	Description of property		other basis	(b) Cost or o			ccumulated		) Book va		
	1	(inves	tment)	(oth			preciation	•			
1a						<u> </u>					
b	Buildings										
с	Leasehold improvements										
d			10 000			<u> </u>	1 000			0 0	
	Other		10,000.		<u>()) :</u>		1,000				00.
l ota	I. Add lines 1a through 1e (Column (d)	must equal Forr	n 990, Part	x, column (	в), In	θ 1UC)	<u> </u>			9,0	000.

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Schedule D (Form 990) 2016

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Financial derivatives	(a) Description of security or category	(b) Book value	(c) Method of valu	
Closely-held equity interests	(including name of security)		Cost or end-of-year ma	arket value
0 Other         (A)           (B)         (B)           (C)         (C)           (G)         (C)           (G) </td <td></td> <td></td> <td>· · · · · · · · · ·</td> <td></td>			· · · · · · · · · ·	
(A)				
(6)				
(0)       (0)         (E)       (1)         (G)       (1)         (G)       (1)         (G)       (2)         (G)       (G)         (G)				
(F)       (G)         (G)       (G)         (H)       (G)         (G)	(C)			
(F)				
(G)       (H)         (H)       (A)         (A)       (A)         (A)       (A)         (A)       (A)         (A)       (B)         (A)       (B)         (B)       (C)         (A)       (C)         (A)       (C)         (A)       (C)         (B)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (A)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (B)       (C)         (C)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)				
(f)				
tal (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ art VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13           (a) Description of investment         (b) Book value         (c) Method of valuation Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation Cost or end-of-year market value           (a)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         <				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11: See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         Ce) Method of valuation Ce)           (1)         (c) Method of value         Ce) Method of value           (2)         (c) Method of value         Ce)           (3)         (c) Method of value         Ce)           (3)         (c) Method of value         Ce)           (3)         (c) Method of value         Ce)           (4)         (c) Method of value         Ce)           (6)         (c) Method of value         (c)           (7)         (c) Method of value         (c)           (1)         (c) Description         (c) Book value           (1)         (c) Description         (c) Book value           (1)         (c) Description         (c) Book value           (1)         (c) Description of liabity         (c) Book value           (6)         (c) Method of value         (c)           (c) Description				
Cost or end-of-year market value         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (1)         (1)         (1)         (1)         (1)         (2)         (2)         (3)         (1)         (2)         (2)         (2)         (2)         (2)         (3)         (4)         (5)         (5)         (6)         (7)         (8)         (9)         (1)         (2)         (3)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (1)         (2)         (3)         (1)         (2)         (3)         (4)         (5)         (6)		"Yes" on Form 990	), Part IV, line 11c See Form 99	0, Part X, line 13
2)	(a) Description of investment	(b) Book value		
(3)       (4)         (4)       (4)         (5)       (5)         (6)       (7)         (8)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (1)       (8)         (1)       (1)         (2)       (1)         (3)       (1)         (4)       (1)         (5)       (1)         (6)       (1)         (7)       (2)         (8)       (1)         (9)       (1)         (1)       (2)         (2)       (2)         (4)       (2)         (7)       (2)         (8)       (1)         (9)       (1)         (1)       (2)         (2)       (2)         (3)       (2)         (4)       (2)         (1)       (2)         (2)       (2)         (3)       (2)         (4)       (2)         (5)       (2)         (6)				
(4)				
(5)				
(6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (9)       (9)         (1)       (9)       (9)         (2)       (1)       (1)         (3)       (1)       (1)         (4)       (1)       (1)         (5)       (1)       (1)         (6)       (1)       (1)         (7)       (1)       (1)         (9)       (1)       (1)         (1)       (2)       (1)         (2)       (2)       (2)         (1)       (2)       (2)         (2)       (2)       (2)         (3)       (2)       (2)         (4)       (2)       (2)         (1)       (2)       (2)         (1)       (2)       (2)         (2)       (2)       (2)         (3)       (2)       (2)         (4)       (2)       (2)         (2)       (2)				
(7)       (8)       (8)         (8)       (8)       (8)         (7)       (9)       (9)         231LX       Other Assets.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15         (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a)       (b)       (c)         (2)       (c)       (c)       (c)         (3)       (c)       (c)       (c)         (4)       (c)       (c)       (c)         (5)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (9)       (c)       (c)       (c)         (a) Description of liability       (b) Book value       (c)         (1) Federal income taxes       (c)       (c)         (2) PAYROLL TAXES LIABILITY       585.         (3)       (c)       (c)         (a)       (c)       (c)         (b)       (c)       (c)         (c)       (c)       (c				
(8)       (3)         (9)       (20umn (b) must equal Form 990, Part X, col (B) line 13) ►         2art IX       Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15				
tail (Column (b) must equal Form 990, Part X, col (B) line 13) ▶         20111X         Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15	(8)			
2art IX.       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15         (a) Description         (b) Book value         (c)	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15         (a) Description         (b) Book value         (c)			]	
(a) Description       (b) Book value         (1)       (a)         (2)       (b)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (a)       (c)         (b)       must equal Form 990, Part X, col (B) line 15).         (a)       (c)         (b)       must equal Form 990, Part X, col (B) line 15).         (a)       (c)         (b)       must equal Form 990, Part X, col (B) line 15).         (c)       (c)         (a)       (b)         (c)       (c)		"Ves" on Form 99(	) Part IV line 11d See Form 90	0 Part X line 15
(1)				
(2)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         (9)       (7)         (11)       (12)         (2)       (2)         (3)       (12)         (4)       (13)         (14)       (14)         (15)       (14)         (16)       (15)         (17)       (16)         (18)       (17)         (19)       (11)         (11)       (12)         (12)       (12)         (13)       (12)         (14)       (13)         (15)       (14)         (16)       (14)         (17)       (16)         (17)       (16)         (17)       (16)         (17)       (11)         (18)       (11)         (19)       (11)         (11)       (12)         (12)       (13)         (14)       (14)         (17)       (14)         (18)       (14)         (19)       (14)         (17)       (14)				
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(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)	(3)			
(6)	(4)			
(7)       (8)         (9)       (9)         otal. (Column (b) must equal Form 990, Part X, col (B) line 15).       )         2art X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) PAYROLL TAXES LIABILITY         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         otal. (Column (b) must equal Form 990, Part X, col (B) line 25)       585.				
(8)				
(9)       otal. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Other Liabilities.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c) PAYROLL TAXES LIABILITY         (3)       585.         (6)       (c)         (7)       (c)         (8)       (c)         (9)       585.         (1) Column (b) must equal Form 990, Part X, col (B) line 25) ▶       585.				
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) PAYROLL TAXES LIABILITY         (3)       585.         (4)       (5)         (6)       (7)         (8)       (9)         (9)       (8) Intel form 990, Part X, col (B) line 25)         (1) Column (b) must equal Form 990, Part X, col (B) line 25)       585.	• •	ne 15)		•
(a) Description of liability       (b) Book value         (1) Federal income taxes	Part X Other Liabilities. Complete if the organization answered			orm 990, Part X,
(1) Federal income taxes		(b) Book valu	Je	
(2) PAYROLL TAXES LIABILITY       585.         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         obtal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶       585.				
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(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (10) must equal Form 990, Part X, col (B) line 25 ) ► 585.				
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	le D (Form 990) 2016	Page 4
Part	X Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	'n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	_
С	Recovenes of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, Ine 7b 4a	
b	Other (Describe in Part XIII )	
C	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII )	
e	Add Ines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
	XIII Supplemental Information.	······
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P	
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infori	mation

Schedule D (Form 990) 2016

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Part XIII Supplemental Information (continued)

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Schedule D (Form 990) 2016

### 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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 16 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 32-0495654

PART VI, SECTION B, LINE 11B

PRIOR TO FILING THE FORM 990, THE ORGANIZATION'S OUTSIDE LEGAL COUNSEL

REVIEWS THE TAX RETURN PREPARED BY AN OUTSIDE CPA FIRM.

### PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE 990 TAX RETURN UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO EDUCATE THE PUBLIC ON ISSUES THAT ENHANCE THE WELL-BEING OF MIDDLE-CLASS FAMILIES AND WORKERS HERE IN PENNSYLVANIA. WE'RE GIVING A VOICE TO THE IMPORTANT ISSUES THAT AFFECT OUR DAILY LIVES AND WE'RE SHINING A LIGHT ON THE DEEP-POCKETED SPECIAL INTERESTS ACTING AGAINST THE BEST INTEREST OF PENNSYLVANIA RESIDENTS.

> ATTACHMENT 2

ATTACHMENT 1

### FORM 990, PART IX - OTHER FEES

<u>4764ME\_7165</u>

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
ADMINISTRATIVE FEES	11,430.		11,430.	
COMMUNICATION SERVICES	66,000.	66,000.		
TOTALS	77,430.	<u>66,000.</u>	11,430.	

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