**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** 

<u>A</u>	For the	2023 ca	endar year, or tax y		10/1/202	23,	and ending	9/3	30/2024		
В	Check if a	pplicable:	C Name of organization	1710227(111)				D Employe	r identificatio	n number	
Ш	Address c	hange	Doing business as	KEEP PENNSYL	VANIA BEAUTIFUI						
	Name cha	nne l		r P.O. box if mail is not	delivered to street add	dress) Room/s	uite	25-164529	1		
	Traine one	iiigo	105 WEST FOURT	'H STREET				E Telephon	e number		
	Initial retu	rn	City or town		State	ZIP cod	e	704 926 4	101		
	Final return/	terminated	GREENSBURG		PA PA	15601	İ	724-836-4°	121		<del></del>
	i mai jojariu	tommatou	Foreign country nam	e Foreign	province/state/county	Foreign	postal code	1			
Ш	Amended	return						G Grossme	eipts \$	1,1	191,666
	Application	n pending	F Name and address of	principal officer:			l l (a) la				
ш.	- Internation	;		•	IDTH STREET C	ים ברוסם ום		this a group relien		Yes	X No
			SHANNON REITE	Y 100 WEST FOL	IKIN SIKEEI, G	REENSBURG		re all subordinat		Yes	No
1	Tax-exem	pt status:	X 501(c)(3) 5	01(c) ( '	(insert no.) 4	947(a)(1) or	527 f	"No attach a li	st. See instruc	tions	
J	Website:	WW	W.KEEPPABEAUT	IFUL.ORG			H(c) G	roup exemption	number 3	373	
	Form of o	rganization		7	41-n O41-n	·		1			
				Trust Associa	tion Other		L Year of form	nation 1990	M State o	of legal domicile	: PA
	art I		nmary						•		
<i>a</i> 1.	1	Briefly de	escribe the organiza	ation's mission or I	most significant a	ctivities:	EMPOWER	RING PENNS	SYLVANIAN	NS TO KEEF	OUR
ĕ	l .	COMMU	NITIES CLEAN AN	D BEAUTIFUL.		4					
13											
& Governance	2	Check th	is box if the	organization disc	continued its one	ations of dish	hander ma	ro then 050/			
Ő			of voting members	of the governing b	onunided its oper	alloris of disp	e en el moi	re man 25%	1	sets.	
ంర	4	Number	of voting members :	or, the governing t	ouy (Part VI, IIne	(a)			3		<u>15</u>
Ş	4	Tatal	of independent voti	ng members of the	e governing body	(Hart Willing	1b)		4		15
Activities	5	Total nur	nber of individuals e	employed in calen	dar year 2023 (P	art V, line 2a)			5		10
ŧ	6	lotal nur	nber of volunteers (	estimate if necess	ary) 🌠 . 🦯				6		
⋖			elated business rev						7a		0
	b	Net unre	lated business taxa	ble income from F	orm 990-T, Part.	, line 11			7b		
					***	<b>\</b>		Prior Year	'	Current Year	r
Revenue	8	Contribut	tions and grants (Pa	art VIII, line 1h).				664	4,699		39,745
			service revenue (P						3,848		
Š	10	Investme	nt income (Part VIII	L column (A) line	2 3 M 28M 74/			300	<del></del>		47,009
or.			venue (Part VIII, col				·	~···	145		148
	ſ	Total rava	nue—add lines 8 thro	ough 11 /must care	Dort VIII solumn	(A) line 10)	•		2,727		4,764
									3,419		91,666
	1		nd similar amounts					37	5,476	1	72,886
			paid to or for memb						0		0
S	15	Salaries, i	other compensation,	employee benefits	(Part IX, column (	\), lines 5–10) .		53 <sup>,</sup>	1,128	5	82,520
Expenses	16a	Profession	nal fundraising fees	s (Part IX) column	(A), line 11e)			49	9,010		50,650
ğ.	b <sup>-</sup>	Total fund	draising expenses (i penses (Part IX, col	Part 🖎 column (E	)), line 25)	71	,869		Marie Salli		
ΙĤ	17 (	Other exp	penses (Part IX, col	umii (A) dines 11a	-11d, 11f-24e)			54!	5,302		80,170
	18	Total exp	enses. Add lines 13	17 (must equal I	Part IX. column (/	A), line 25)			0,916		86,226
			less expenses			·,,	, <u> </u>		5,503		94,560
5 %				4	<u> </u>		Begin	ning of Current		End of Year	<del>,000</del>
Net Assets or Fund Balances	20	lotal ass	ets (Part X; line 16)	1			229111		6,147		E 4 750
Ass	21		lities (Part X, line 2			• • • • •	·				54,753
ž Š	22 1		is of fund balances.		rom line 20		•		0,031		98,413
	rt II 🐔		nature Block	Odbilact IIIIe 2 1 1	1011 11110 20	<del></del>	<u> </u>	821	3,116		56,340
Indo	t papaltion	of porius	I designs to the sure sure	sales and Alaka and Alaka and Alaka	C				·		
and b	r penalues relief it is t	rue comec	I declare that I nave exar t, and complete. Declarat	nined this return, indication of preparer (other ti	ing accompanying sc	nedules and state:	ments, and to the	he best of my kn	owledge		
	-11-11 11-1	1	A stra complete. Boarding	on or propare; (dright)	ian onicci) la pased o	ali (Hioffilation o	willon prepare	n nas any knowi	eage.	_ 1	_
Sig	n			<u> </u>	<i></i>				<u> </u>		
Her	e	· · //	ure of officer	•	,			Date			2
			NNON REITER				PRESIDEN	T			
		Type o	r print name and title								
		Print/	Type preparer's name		Preparer's signature		Dat	te	r	PTIN	
Paid	d	OLE:	ALMANANOE ODA	l	alo	/	2 BA		heck if	1	
Pre	parer	GLE	W VANCE, CPA		ZIXEM W	Vane	CA 1/	/3/2025 s	elf-employed	P0065227	5
	Only	Firm's	name VANCE 8	COMPANY, PC				Firm's EIN	88-219925		ŕ
		Firm's	address 5927 RO	UTE 981, SUITE	4, LATROBE, PA	15650		Phone no.	724-539-2		
May	the IRS		this return with the						. L 1-000-Z		
	DIG BAO	uiscuss	THE LETTER MITTING	preparer snown a	NOVER SEE INSTIT	ictions , , ,				X Yes	No

	m 990 (2023)	PA CLEANWAYS, INC				25-1645291	Page <b>2</b>
	Part III	Statement of Program	n Service Accom	plishments			
1	Briefly de	Check if Schedule O co escribe the organization's mi	ontains a respons	e or note to any line in	this Part III		
-	EMPOW	ERING PENNSYLVANIANS	SSION. TO KEEP OUR CO	MMUNITIES CLEAN ANI	D OEALITICH		
				MINITIPE OF ANY ANY	DEAUTIFUL.		
2	Dist the second						
2	the prior	rganization undertake any si Form 990 or 990-EZ? .	ignificant program s	ervices during the year w	hich were not listed on		
	If "Yes," o	describe these new services	on Schedule O			· · · Yes	X No
3	Did the o	rganization cease conducting	g, or make significar	of changes in how it cond	liete any program	<b>A</b>	
	Services :	in the first of th			dots, any program	Yes	X No
	If "Yes," o	lescribe these changes on S	Schedule O.				[X] NO
4	Describe	the organization's program s	service accomplishm	nents for each of its three	largest program servi	es, as measured by	
	the total e	s. Section 501(c)(3) and 501( expenses, and revenue, if an	(c)(4) organizations	are required to report the	amount of grants and	allocations to others,	
		mponess, and revenue, it all	iy, tor each program	зегисе геропеа.			
4a		) (Expenses \$	1,051,982	including grants of \$	) (Reve	nuo ¢	<del></del>
	DIRECT	PROGRAM SERVICES FOR	RAVARIETY OF CO	MMUNITY IMPROVEME	NT PROCED AMS INCL	LIDING BUT NOT LU	) MITED
	10 ENVI	YOMMENTAL CLEANOP, YO	JUTH, PUBLIC AND	CONSUMER EDUCATI	MN DRADED DICEAS	AL TOABINO AND	141111111111111111111111111111111111111
	EDOCAL	ON FOR ORGANIZATIONA	L STAKEHOLDERS	ΤΕΛΗΝΙΛΑΙ ΔΟΟΙΤΛΙΚΎ	TO DO DO AND A	ONSULTATION TO	
	AFFILIAL	E ORGANIZATIONS AND C	OMMUNITIES THR	OUGHOUT THE STATE	<i>I</i>		
					<b>}</b>		
				A * AND A			
4b	(Code:	) (Expenses \$		ncluding grants of \$	) (Reve	nue \$	
							/
					***************************************		
				·		***************************************	
						**	
			\				
			<u> </u>				
						·	
4c	(Code:	) (Expenses \$	li	ncluding grants of \$	) (Rever	nue \$	
		<i>j</i>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			/
						~	
					#		
ld	Other progr	am services (Describe on S	chedule O.)		<del></del>		
	(Expenses	\$ 0 inc	luding grants of \$	0 ) (Re	evenue \$	0)	
e	Total progra	m service expenses	1,051,982				

# 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," complete Schedule A	4		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
J	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
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?			
	"Yes," complete Schedule D, Part I	6		Х
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 Deat II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del>                                     </del>		
9	complete Schedule D, Part III	8		_X_
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		_X
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	Χ
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			
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Х	
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		Х
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.			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X.	11d 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	445		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a	Х	
N	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line, 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
	for any foreign organization if "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			**
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	х	
8	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
20~	If "Yes," complete Schedule G, Part III.	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a	-	<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Χ

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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			v
24-	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			V
h	24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
ч	to defease any tax-exempt bonds?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
29a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	250		v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		_X
b	prior year, and that the transaction has not been reported on any of the organization's pager Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete ScheduleL, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule		Open 1985	
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		as ca	Childia
a	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? # Yes " complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- / -	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of outransfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, and 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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	V. 6 3 4.		
b	Enter the number of Forms W-2G included on 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?	1c	HIERSTE	ALCON .

	TID	100000	STATE OF THE PARTY.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	.0382036000	301774 SHILL 201
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.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			Parity is
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		a w	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		No.	de la la
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	bandanets.		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			ill will be
	ii res, complete i omi occa,	7/AH326F	精制能	<b>新教教</b>
		Form	990	(2023)

Part VI

Sect	tion A. Governing Body and Management			
		t devel real	Yes	No
1a		15	100	
	If there are material differences in voting rights among members of the governing body, or	here i	Berlin	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.		love.	A SH
b	<u> </u>	15		
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3_	ļ <u>.</u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	ļ	X
7a	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		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	-068 MK	X
8	Did the organization contemporaneously document the meetings held or written autions undertaken during	la la	Man	i Ma
	the year by the following:			
a	The governing body?	8a	X	ļ
b	Each committee with authority to act on behalf of the governing body	8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
C 4	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<del></del>	T-11-
10a	Did the organization have local chapters, branches, or affiliates?	400	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	Х	
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406	\ <sub>V</sub>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X	ļ
b	Describe on Schedule O the process, if any, used to the organization to review this Form 990.	0.0000000000000000000000000000000000000		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	42-	T	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	+	<del> </del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del>                                     </del>
·	describe on Schedule O how this was dote.	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	<del> </del>
14	Did the organization have a written decoment retention and destruction policy?		X	<del>                                     </del>
15	Did the process for determining compensation of the following persons include a review and approval by			10000
	independent persons, comparability data and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization			$\vdash$
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	Total S	11000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity chring the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	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	e en	100000000000000000000000000000000000000
Sect	ion C. Disclosure			<del></del>
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	1 501(c	)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		,	
	X Own website Another's website X Upon request Other (explain on Schedule of	O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest process.			
	and financial statements available to the public during the tax year.	,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHANNON REITER 724-836-4121			
	105 W FOURTH STREET, GREENSBURG, PA 15601			

orm 990 (2023)	PA CLEANWAYS, INC	25-1645291	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	hest Compensated	
	Employees and Independent Contractors	•	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 was 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.

Check this box if neither the organization nor any related organization compensated any durrent officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(14) ANDREW TUBBS

DIRECTOR

				(0	C)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unle: cer an	heck ss pe d a d	ition more than the son is rottle. Highest compensated in the compensated with the compensated than the compensated that the compensated the compensated that the compensated the compensated that the	n an tec)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHANNON REITER	40.00	1							Wat 1
PRESIDENT	0,00			Χ			124,739		
(2) PHOEBE COLES	2.00	<b>&amp;</b>							
CHAIRMAN	0.00	X		Х					
(3) DOREEN HARR	2,00	1							
V CHAIRMAN	0.00	X		Х					
(4) DEB KREIDER	2.00						-		
TREASURER	0.00	Х		Х					
(5) NATASHA FACKLER	2.00								
SECRETARY	0.00	Х		Χ					
(6) KEN ANDERSON	2.00								
DIRECTOR	0.00	Х							
(7) MARK VON LUNEN	2,00								
EMERITUS	0.00	Х						·	
(8) CHRIS BARRETT	2.00								
DIRECTOR	0.00	Х							•
(9) SARAH DESANTIS	2.00								
DIRECTOR	0.00	X	<u> </u>						
(10) COLLIN HOLDER	2.00								
DIRECTOR	0.00	Х							
(11) MARY KEENAN	2.00								
DIRECTOR	0.00	Х	<u> </u>						
(12) APRIL KOPAS	2.00	Į							
DIRECTOR	0.00	Х	<u></u>			<u> </u>			
(13) JEROME SHABAZZ	2.00								
DIRECTOR	0.00	Х				1			

2.00

P	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	l Hi	ghest	Co	ompensated Em	ployees (contin	ued)
						-	2)					
	(A) (B) (do not check more than one (D) (E)							(F)				
		Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated amount
			hours per week		т		irecto	or/truste		compensation from the	compensation from related	of other compensation
			(list any	Individual trustee or director	Institutional trustee	Officer	é	ğ	Former	organization (W-2/	organizations (W-2/	from the
		•	hours for related	rect	Ę	9	emp	oye c	편	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
			organizations	목 글	冒		loye	le äl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1303 1123,	Totaled organizations
			below dotted line)	stee	uste.		Œ	ĕs				
			,		l m			Highest compensated employee		•		-
(4 E)	ANDV WA	DNTZ	2.00									
	ANDY WA	RNIZ	2.00	ı						4		
	JERRY ZO	NΙΔ	2.00	-								
	CTOR	JNA	0.00	1				·			*	
			<del></del>	<del>  ^</del>	·			<del>  </del>			<b>P</b>	
7.7.7.									ĺ			
(18)						_						
70117		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	†						٩			
(19)		***************************************							_			
-16.		· · · · · · · · · · · · · · · · · · ·	1									
(20)									Ì	*		
									er er			
(21)					4	*						
(22)				*								
					-		*					
(23)			l <b>4</b>			463			i			
(24)				"								
(25)				7					i			
				1								
1b			. 40 1656		•		٠			124,739	0	0
C		continuation sheets to Part VII, S								0	0	0
d_		lines 1b and 1c)					.1			124,739	0	0
2		per of individuals (including but notified	⊾ #3¥	tea a	ibov	e) w	/ho	receiv	/ed	more than \$100	1,000 of	
	геропавіе	compensation from the organization										1
2	Did the or	contration list any former off and	ator trustos ko	, o.m.	ai a su		<b></b> .	iabaai				Yes No
3	amployee	ganization list any <b>former officer, dire</b> on line 1a? <i>If "Yes," complete Sche</i> o	tulo I for such in	r emp dividu	pioyi ual	ee, 1		-		mpensated		
						•			•			3 X
4	For any inc	dividual listed on line 1a, is the sum	of reportable con	npens	satio	n a	nd c	other o	con	npensation from		
		zation and related organizations grea	ater than \$150,00	וו ?יטנ	r Ye	S, " (	com	ipiete	Sc.	nedule J for suc	h.	
	individual .			• •	• •			• •	•			4 X
5		erson listed on line to receive or acc										
		s rendered to the organization? If "Y	es," complete Sc	hedu	ile J	tor	suc.	n pers	son			5 X
		ependent Contractors									· · · · · · · · · · · · · · · · · · ·	
1		this table for your five highest compe										
	compensa	tion from the organization. Report co	impensation for t	ne ca	ajen	uar	yea	<u>r enai</u>	ng		e organization s	
		( <b>A)</b> Name and business add	Iress							(B) Description of ser	vices	(C) Compensation
								-+				
								+				<u>0</u> 0
								+				0
								$\dashv$				
								$\dashv$	-			0
2	Total numb	per of independent contractors (inclu	ding but not limit	ed to	tho	se li	ster	L vode h	/e\	who received		U
		\$100,000 of compensation from the	-	10		- <del>-</del> - 11		0	~)	5 .000,700		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		Official in octredule of contains a response	of flote to any line it	Tulis Fall VIII.			· · · L_
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
e s	1a	Federated campaigns	a 0		and the state of t		
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1	<b>b</b> 0	randi di Anthri <b>di</b>	and the district	and the second	Charles Sept. Car.
نَّ قَ	С	Fundraising events	0	30100330000	使其的事情以是	no transus	ng panggapanan s
fts,	d	Related organizations	d 0			0.00	
g E	е	Government grants (contributions) 1	e 0				
ns,	f	All other contributions, gifts, grants, and		ska i svoja a d		<ul> <li>Control of the control /li></ul>	
atio	-	similar amounts not included above 1	<b>f</b> 539,745	3.00000460000000000000000000000000000000		3 <b>4.</b> (544.34.34.3	
草葉	g	Noncash contributions included in					
a de	9	l l	g \$ 164,595				
ပို့ န	h	Total. Add lines 1a–1f		539,745	Stations of Ball		ekalla lähen-äher i
		Tomir too miles in the second	Business Code	3.53			
8	2a	PROJECT INCOME		647,009	647,009	Control of the Contro	ENDORGHEITE GER VER THE THE THE
ام خ	b			ď			
Program Service Revenue	С		-	0			
E ×	d			0	-		•
gra Re	е		**				
7.0	f	All other program service revenue		O			
	g	Total. Add lines 2a–2f	, , , , , ,	647,009		高速气焰 糖 经收	e da de la companya da com
	3	Investment income (including dividends, intere					
		other similar amounts)		148			148
	4	Income from investment of tax-exempt bond p	roceeds 🔌 🦜	0			
	5	Royalties	/ . 🗬	0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					and the same of the
	b	Less: rental expenses . 6b				alled began a spirit w	das populario
	C	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)	<u> </u>	0			
	7a	Gross amount from (i) Securities	(ii) Other	Andreas (Spines)			
		sales of assets					
		other than inventory	0 0				
er Revenue	b	Less: cost or other basis				graphic application	
/er		and sales expenses 7b	0 0				
Re	C	Gain or (loss) 7c	0 0	argent existing			and the leading of the state of
ē	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	0			
Ġ.	8a	Gross income nom randraising					
		events (not including \$		alt Lagran Rolling	Carrier Strategic	all residence	agusug se e co
		of contributions reported on line 10)				acora di Gualdi	
		See Part IV, line 18					
		Less: direct expenses	*	•			
	C	Net income or (loss) from fundraising events .  Gross income from gaming activities.	<del>                                     </del>	0			
	9a		a 0				
	h	See Part IV line 19					
		Not be a second of the second	•	O .			
		Gross sales of inventory, less	<del>. ,</del>	U	ak grandi dalah karasa		
	iva	returns and allowances	a 0				and the second second
	h		<del></del>				
		Less: cost of goods sold		0			
/0		recembering of (1088) from sales of inventory.	Business Code	U SASE E			
ğ "	11a	OTHER INCOME		4,764	4,764	0	0
Miscellaneous Revenue	b		-	0	-1,7 0-1		
<u>s</u> =	C	·		0			<del></del>
Re Sc	d	All other revenue		0			
Ź	e	Total. Add lines 11a11d		4,764			
1	12	Total revenue. See instructions		1,191,666	SATISFIED ENGINEERING STATES OF THE STATES O	0	148

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	all columns. All other o	rganizations must complete column (A	1).

	Check if Schedule O contains a response or note	to any line in this P	art IX		<u>L</u>
	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			Charles and other page of	one entriffic (#10m2) and co-page (
	and domestic governments. See Part IV, line 21	172,886	172,886		
2	Grants and other assistance to domestic		1	Commence of the second	apaga ayang menagkanan
	individuals. See Part IV, line 22	0		en a surfect assessed	
3	Grants and other assistance to foreign			residente de la companya de la comp	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	l 0			
4	Benefits paid to or for members	0	<del></del>		195 V. C. 18 (1) (1)
5	Compensation of current officers, directors,				
	trustees, and key employees	124,739	97,296	24,948	2,495
6	Compensation not included above to disqualified	,,		2.110-10	2,⊣00
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ا ا			
7	Other salaries and wages	331,038	258,210	66,208	6,620
8	Pension plan accruals and contributions (include	001,000	200,210	00,200	0,020
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	88,554	66,416	17,710	4,428
10	Payroll taxes	38,189		7,638	
11	Fees for services (nonemployees):	30,100	20,043	7,000	1,800
	Management	0			
b	Legal				
c	Accounting	15 200	97	15,201	
d	Lobbying	0 201		10,201	
e	Professional fundraising services. See Part IV, line 17	50,650		ratesia Paga Paga	50,650
f	Investment management fees	00,030	PURSUED ASSAULT HER STREET		30,030
q	Other. (If line 11g amount exceeds 10% of line 25, column	<u> </u>			
9	(A) amount list line 11g averages on Cahadula (A)	18,593	13,946	2 740	000
12	Advertising and promotion	19,902	TTT-01-01-01-01-01-01-01-01-01-01-01-01-01-		928
13	Advertising and promotion	11,705	8,779		
14	Information technology	11,700	0,779	2,340	200
15	Royalties	0		<del></del>	
16	Occupancy	31,435		6.007	4 5 7 0
17	Travel	15,586		6,287 3,117	1,572 779
18	Payments of travel or entertainment expenses	10,000	11,080	3,117	119
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,873	16,042	2,831	
20	Interest	10,073	10,042	2,001	
21	Payments to affiliates	0			
22	Payments to affiliates	3,144	2,358	629	157
23	Insurance	19,866	14,900	3,973	993
24	Other expenses. Itemize expenses not covered	19,000	14,900	3,8/3	990
~~	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				neda akigun daya di
а	SUPPLIES	17,630	0.714	7 205	624
b	CLEANUP EXPENSES	50,599	9,714 50,599	7,285	631 0
C	PUBLIC EDUCATION & OUTREACH	254,875		0	0
d	ORGANIZATION FEE	<del></del>	254,875	·····	
	All other expenses MISCELLANEOUS	2,444 317	1,833	489	122
e 25			317	160.275	0
25	Total functional expenses. Add lines 1 through 24e	1,286,226	1,051,982	162,375	71,869
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

#### 

		Check it defeatile of contains a response of note to any life in this Part X	(A) Beginning of year	•	(B) End of year
	1	Cash—non-interest-bearing	438,532	4	
	2	Savings and temporary cash investments	430,532	2	389,114
	3	Pledges and grants receivable, net	0		
	4	Accounts receivable, net		3	000,004
	5	Loans and other receivables from any current or former officer, director,	267,285	4	208,661
	8	·		istini)	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			ag gretanda artiga (2.1)
S		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	» 7 <b>4</b>	0
Ass	8	Inventories for sale or use	10	8	
•	9	Prepaid expenses and deferred charges	20,479	9	17,201
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 109,567			
	b	Less: accumulated depreciation	13,795	10c	18,900
	11	Investments—publicly traded securities . ,	0	11	0
	12	Investments—other securities. See Part IV, line 11	120,531	12	145,316
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	15,525	15	75,561
	16	Other assets. See Part IV, line 11.  Total assets. Add lines 1 through 15 (must equal line 33)	876,147	16	854,753
	17	Accounts payable and accrued expenses	22,801	17	7,167
	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	
es	22	Loans and other payables to any current or former officer, director,		侧侧流	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	LADING GEORGE TEMBER LIFE BY IN LAMPSING ME ANY BANKS AND MARKS AND CARROLL CONTROL OF LADING
Li	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			e mies
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	27,230	25	91,246
	26	Total liabilities. Add lines 17 through 25	50,031	26	98,413
Ø		Organizations that follow FASB ASC 958, check here X		AND EN	
ဦ		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	583,724		624,076
Ba	28	Net assets with donor restrictions	242,392	27	
핕	2.0	Organizations that do not follow FASB ASC 958, check here	242,392	28	132,264
F		and complete lines 29 through 33.			
5	20				
3	29	Capital stock or trust principal, or current funds	0	29	
SSe	30	Paid-in or capital surplies, or land, building, or equipment fund	0	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
<u>é</u>	32	Total net assets or fund balances	826,116	32	756,340
	33	Total liabilities and net assets/fund balances	876,147	33	854,753

Form	990 (2023) PA CLEANWAYS, INC	25-16	345291	Page	e 12
Par	XI Reconciliation of Net Assets		, (O.1.)	- aga	
	Check if Schedule O contains a response or note to any line in this Part XI			Γ	$\neg$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.	191,	<u></u> .666
2	Total expenses (must equal Part IX, column (A), line 25)	2		286,	<del></del>
3	Revenue less expenses. Subtract line 2 from line 1	3			,560
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		826,	
5	Net unrealized gains (losses) on investments	5			,536
6	Donated services and use of facilities	6			
7	Investment expenses	7			-752
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 column (B))	10		756,	,340
FELL	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.			_[	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other explain on Schedule O.		Y	es es	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis		2a		X
b	Were the organization's financial statements audited by an independent accountant?			X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		COLUMN STATE	X	a estad
	If the organization changed either its oversight process or selection process during the tax year, explain on				L Mill

Schedule O.

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance 2 C.F.R. Part 200, Subpart F?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

За

Form 990 (2023)

3a

3b

#### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

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

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

Name of the organization Employer identification number PA CLEANWAYS, INC 25-1645291 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(x). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised organization (s), by having control or management of the supporting organization vested in the same persons that control or manage the supported b organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III con-functionally integrated supporting organization. 0 (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total i della i talonia Lan Lan i prit i sonatar nggadan 0 Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	349,548	252,797	328,724	664,699	539,745	2,135,513
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities	-					<u></u>
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	349,548	252,797	328,724	664,699	> 539,745	2,135,513
	The portion of total contributions by	elisari e iparistiya kugib		ages de la compa	$\sigma = \tau_{i} + \tau_{i} + \tau_{i}$	en la ciració de	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	Constitution of the		AP PACIFIE OF CR	anjing a salah dinah keral	Baro Consultation (To Consultation	
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4		30萬度所來學習了		hita pia andropis	三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	2,135,513
	tion B. Total Support  dar year (or fiscal year beginning in)	(a) 2019	( <b>b</b> ) 2020	(c) 2021	(d) 2022	(a) 2022	(F) Total
	Amounts from line 4.	349,548	252,797	328,724		(e) 2023	(f) Total
	Gross income from interest, dividends,	348,340	202,131	320,124	664,699	539,745	2,135,513
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	158	1262	70	145	148	1,783
9	Net income from unrelated business	100			170	140	1,700
	activities, whether or not the business is						
	regularly carried on	<b>*</b>					0
10	Other income. Do not include gain or						<u> </u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	8, 55	300	250	2,727	4,764	16,196
11	Total support. Add lines 7 through 10	40.5		and the second s	and and a set of	The state of the s	2,153,492
12	Gross receipts from related activities, etc. (s	ee instructions) 🥻 .				12	<u> </u>
13	First 5 years. If the Form 990 is for the orga	mization's first sec	ond, third, fourth, a	r fifth tax vear as a	nostion #01/0\/2\		
				, , , , , , , , , , , , ,	Section by r(c)(b)		
	organization, check this box and <b>stop here</b>				. , , ,		
Sect	organization, check this box and stop here tion C. Computation of Public Su	port Percenta	age		. , , , , , , , ,		
Sect	organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2023 (line	pport Percenta	age by line 11, column (i	))		14	99.17%
Sect	organization, check this box and stop here tion C. Computation of Public Su	pport Percenta	age by line 11, column (i	))			99.17% 99.21%
<b>Sec</b> 1 14 15 16a	organization, check this box and stop here tion C. Computation of Public Sur Public support percentage for 2023 (line 6) Public support percentage from 2022 Sched 33 1/3% support test—2023 of the organiz	oport Percenta olumn (f), divided to alle A, Part II, line 1 ation did not check	age by line 11, column (if 4	f))	1/3% or more, che	14 15 ck this box	99.21%
Sect 14 15 16a b	organization, check this box and stop here tion C. Computation of Public Surpublic support percentage for 2023 (line of Public support percentage from 2022 Sched 33 1/3% support test—2023 of the organization qualifies at 33 1/3% support test—2022. If the organization support test—2022. If the organization support test—2022.	pport Percenta column (f), divided to the A, Part II, line 1 ation did not check a publicly support ation did not check	age by line 11, column (if 4	and line 14 is 33	1/3% or more, che	14 15 ck this box	99.21% X
Sect 14 15 16a b	organization, check this box and stop here tion C. Computation of Public Surpublic support percentage for 2023 (line 6 of Public support percentage from 2022 Sched 33 1/3% support test—2023 of the organization qualifies at 33 1/3% support test—2022. If the organization of the organization qualifies and stop here. The organization meets the facts Part VI how the organization meets the facts	pport Percenta column (f), divided be use A, Part II, line 1 ation did not check as a publicly support ation did not check as as a publicly sup b. If the organization the facts-and-circur- and-circumstance	age by line 11, column (14 the box on line 13, ed organization a box on line 13 or oported organization in did not check a box metances test, check is test. The organization	and line 14 is 33 for the same line 15 is 16a, and line 15 is 16a, and line 13, 16a, at this box and sto	1/3% or more, che s 33 1/3% or more or 16b, and line 1 p here. Explain in	14   15   ck this box	99.21% X
Sect 14 15 16a b	organization, check this box and stop here tion C. Computation of Public Surpublic support percentage for 2023 (line 6 or Public support percentage from 2022 Sched 33 1/3% support test—2023 If the organization qualifies at 33 1/3% support test—2022. If the organization and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies 10%-facts-and-circumstances test—2023 10% or more, and if the organization meets	pport Percenta olumn (f), divided to die A, Part II, line 1 ation did not check is a publicly support ation did not check is as a publicly sup it. If the organization the facts-and-circum- and-circumstance it. If the organization eets the facts-and- cits-and-circumstance	age  by line 11, column (if 4	and line 14 is 33 for the same and line 15 is 16a, and line 15 is 16a, and sto at the same at 16a, and sto at 16a, and same at 16a, and at	i/3% or more, che s 33 1/3% or more or 16b, and line 1 p here. Explain in publicly supported 16b, or 17a, and I d stop here. Expl a publicly suppor	this box ck this box check this check this check this	99.21% X

#### SCHEDULE D (Form 990)

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number PA CLEANWAYS, INC 25-1645291 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . . 4 Aggregate value at end of year . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Nο Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Reservation of a certified historic structure Protection of natural habitat Preservation of open space

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Total number of conservation easements Preservation of open space 2 a Total number of conservation easements . . . 2a **b** Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included on line 2a. . . Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . . . . . . . . . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year

Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds?............. Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 balance sheet, and include if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for censervation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete of the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. . . . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. b Assets included in Form 990, Part X.

0-1	d. D./E 000) 0000						
	ule D (Form 990) 2023 PA CLEANWAYS, INC		P 8 mm		345291	Pag	<u>e 2</u>
	Organizations Maintaining Colle						
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records,	check any of the folio	wing that make significa	ant use of r	ts	
а	Public exhibition	d [	Loan or exchange	program			
			₹ <b>.</b>				
b	Scholarly research	e [_	」 Other				_
С	Preservation for future generations						
4	Provide a description of the organization's of XIII.	collections and explain t	now they further the o	rganization's exempt pu	rpose in Pa	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive donations of to be maintained as pa	art, historical treasure rt of the organization's	es, or other similar scollection?	Y	es 🔲 N	lo.
Part	N Escrow and Custodial Arrangen	nents.					
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 9,	or reported an amou	int on Foi	rm	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custoo	dian, or other intermedia	ary for contributions o	r other assets not			
	included on Form 990, Part X?		ji.		. Y	es 🔙 N	ol
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	wing table.				
					Amount		
С	Beginning balance			1c			0
d	Additions during the year			. 1d			
e f	Distributions during the year			1e 1f		<del></del>	0
				*	——————————————————————————————————————		
2a	Did the organization include an amount on I		200 ABAT AL	•		es 💢 N	10
d	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	lanation has been pro	ovided in Part XIII			
Part				_			
	Complete if the organization answ						
4.0		) Current year (b) Pa	(c) Two yes		<del> </del>	our years bad	
1a b	Beginning of year balance	U	U	0	0		0
C	Net investment earnings, gains,						
Ü	and losses						
d	Grants or scholarships						
e	Other expenditures for facilities			····			
•	and programs						
f	Administrative expenses					······································	
g	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the gui	rent year end balance	(line 1g, column (a)) h	neld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment	<b>%</b>					
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c sh						
3a	Are there endowment funds not in the posse	ession of the organization	on that are held and a	idministered for the			
	organization by:				<del>,</del>	Yes N	Vo
	(i) Unrelated organizations				. 3a(i)		
	(ii) Related organizations				3a(ii)	ļ	
b	If "Yes" on line 3a(ii) are the related organiz				3b		
4	Describe in Part XIII the intended uses of th	•	ment funds.				
Part			000 m 11 / 11	, <u> </u>			
	Complete if the organization answ	}		la. See Form 990, Pa	art X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) B	Book value	
<u> </u>		(investment)	(other)	depreciation			
1a	Land	0					0
b	Buildings	0	· · · · · · · · · · · · · · · · · · ·	0 (	+		0
С	Leasehold improvements	0	'	0) (	إز		0

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	109,567	90,667	18,900
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	line 10c, column (B)).		18.900

Part VII. Investments—Other Securities.  Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11b. See Form 99	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation:
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other MUTUAL FUND	145,316	F	***************************************
(A)			
(B)			
(C)			
(D)		<u> </u>	
(E)			
(F)			
(G)			
<u>(H)</u>			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) .	145,316	Contains and Contains	
Part VIII Investments—Program Related.  Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 99	0, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation:
(1)			
(2)			
(3)			
(4)	<b>*</b>		
(5)			
(6)	***		
(7)		P	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).  Part IX Other Assets. Complete if the organization answered."  (a) Description	Yes" on Form 990,	Part IV, line 11d. See Form 99	
(1) ROU ASSETS - OPERATING LEASE			75,561
(2)			
(3)	<b>Y</b>		
(4)			
(5)			
(6)	7.70		
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.  Part X Other Liabilities.		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	75,561
Complete if the organization answered " line 25.	<u></u>	Partiv, line 11e of 11f. See Fo	orm 990, Part X,
1. (a) Description	on of liability		(b) Book value
(1) Federal income taxes	<u> </u>		0
(2) ACCRUED SALARY			11,422
(3) ACCRUED PTO			4,263
(4) OPERATING LEASE LIABILITY			75,561
(5)			
(6)	- <del> </del>		
(7)			
(8)	**		***************************************
(9) Total (Column (b) must organize from 000. Bort V. line 25. or			
Total. (Column (b) must equal Form 990, Part X, line 25, cd			91,246
2. Liability for uncertain tax positions. In Part XIII, provide the tex organization's liability for uncertain tax positions under FASB ASC	t of the roothote to the o C 740. Check here if the	rganization's financial statements that text of the footnote has been provide	t reports the d in Part XIII

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Return.	
1	Total revenue, gains, and other support per audited financial statements		1 040 444
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1,243,444
a		OF FOR WHITE	
b	<del></del>	25,536 26,994	
c	Recoveries of prior year grants	20,994	And Andrews
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	E0 E0 F
3	Subtract line 2e from line 1	3	52,530 1,190,914
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3570805	1, 190,914
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	759	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	Ac	752
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,191,666
Par		- V	
16 also seed	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per iterai	11+
1	Total expenses and losses per audited financial statements	1	1,313,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	103544	1,010,220
а	Ph. 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26,994	
b		30,00	
С	Other (Describe in Part XIII.)		
d	Other (Describe in Part XIII.)		
е	Other losses .  Other (Describe in Part XIII.) .  Add lines 2a through 2d .  Subtract line 2e from line 1 .  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990. Part VIII. line 7b .  4a	2e	26,994
3	Add lines 2a through 2d .  Subtract line 2e from line 1 .  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a	. 3	1,286,226
4	Amounts included on Form 990, Part IX, line 25, but not on line ?		1,230,220
а	Investment expenses not included on Form 990, Part VIII, lipe 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		) c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,286,226
Part	XIII Supplemental Information.		
Provid 2; Pai	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and : t XI, lines 2d and 4b; and Part XII, lines 2d and 4b, Also complete this part to provide any additional i	2b; Part V, lin	e 4; Part X, line
		<b></b>	
		***********	

#### SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PA CLEANWAYS, INC					25-16	45291
Part I Fundraising Activities. Form 990-EZ filers are no	Complete if the ot required to co	organization	on answ s part.	ered "Yes" on For	m 990, Part IV, li	ne 17.
<ul> <li>Indicate whether the organization</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> </ul>	raised funds throu	ugh any of the <b>e</b> X Sol	ne followir licitation o licitation o	ng activities. Check of non-government of of government grant traising events	grants	
d In-person solicitations  2a Did the organization have a writte key employees listed in Form 990  b If "Yes," list the 10 highest paid incompensated at least \$5,000 b	, Part VII) or entity dividuals or entitie	nt with any in connections (fundraise)	ndividual on with p	(including officers, orofessional fundrais)	rig services?	Yes X No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundr custody or c contribut	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
Debra Woolley     S11 Lindell Bivd Long Beach NY 11561 2	Professional Fundraiser	Yes	No *	o	50,650	0
3				0	0	0
4				0	0	0
5			<b>*</b>	0	0	. 0
6				0.	0	0
8				0	0	0
9				0	0	0
10				0	0	0
				0	0	0
Total	ation is registered	or licensed t	o solicit c	0  contributions or has	50,650 been notified it is e	0 xempt from
····						

# SCHEDULE (Form 990)

PA CLEANWAYS, INC

Department of the Treasury Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

ž (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X 25-1645291 . . . . . . . . . . . . . . . . . (g) Description of noncash assistance Does the organization maintain tecords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any egiptent hat received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, . rocedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of eash grant Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance award the grants or assistance? (b) EIN Describe in Part IV the organization's p the selection criteria used 1 (a) Name and address of organization or government Part II  $\widehat{\Xi}$ ন্ত ල 4 3 9 (10) 3 (12) 8 8 6

Schedule I (Form 990) 2023

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

25-1645291

Page 2

PA CLEANWAYS, INC Schedule I (Form 990) 2023

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

(f) Description of noncash assistance								onal information.						
(e) Method of valuation (book, FMV, appraisal, other)								line 2; Part III, column (b); and any other additional information.						
(d) Amount of noncash assistance								e 2; Part III, column						
(c) Amount of cash grant								in Part I,	)					
tance (b) Number of recipients								de the information						
(a) Type of grant or assistance								Supplemental Information. Provide the information required						
. ]	-	2	က	4	5	9	7	Part IV						

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

PA CLEANWAYS, INC

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

Employer identification number 25-1645291

Pa	rt Types of Property			120 10-10	201
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures			A 4	
3	Art—Fractional interests				
4	Books and publications				***************************************
5	Clothing and household				>
	goods		gagagati katalongan sebagai P		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
	or trust interests		,		
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures	·			
14	Qualified conservation				
	contribution-Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other			<u> </u>	
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				· · · · · · · · · · · · · · · · · · ·
23	Scientific specimens				
24	Archaeological artifacts		·		
25	Other ( CLEANUP SUPPLIE:)	V X 2	41	104 505	EAIDAMAN
26	Other (			164,595	FAIR VALUE
27	Other (				
28	Other (				
29	Number of Forms 8283 received by	the organiz	zation during the tax year for	Contributions for	
	which the organization completed F	orm 8283. I	Part V Donee Acknowledge	ment	
			,		29
30a	During the year, did the organization	receive by	contribution any property re	enorted in Dort I lines 4 three	Yes No
	28, that it must hold for at least 3 ye	ars from the	e date of the initial contributi	sported in Mart I, lines 1 thro	ougn
	to be used for exempt purposes for	the entire h	olding period?	on, and writer isn't required	And the second s
b	If "Yes," describe the arrangement in	n Part II	orania portodii	• • • • • • • • • • • • • • • • • • • •	· · · .   30a
31	Does the organization have a gift ac	rcentance n	olicy that requires the review		
	contributions?		oncy triat requires the review	w of any nonstandard	
32a	Does the organization hire or use th			Mark manager	31
	noncash contributions?	nu parties (	n related organizations to so	olicit, process, or sell	
b	If "Yes," describe in Part II.				32a
33		mount in a-	lump (a) for a turn fu	de de la companya de	
•	If the organization didn't report an auchecked, describe in Part II.	HOURE ITI CO	iumii (c) for a type of proper	ty for which column (a) is	
D	on one of the state of the stat				

### SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

PA CLEANWAYS, INC 25-1645291 Form 990, Part II, Section B, Line 11A: FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT. THE TAX RETURN IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND CHAIRMAN OF THE BOARD. FORM 990 IS PRESENTED FOR APPROVAL TO THE ENTIRE BOARD PRIOR TO SUBMISSION TO THE GOVERNMEN TAGENCIES Form 990, Part VI, Section B, Line 15: THE COMPENSATION OF THE PRESIDENT IS SET BY THE BOARD AND IS REVIEWED ANNUALLY. THE PERFORMANCE OF THE PRESIDENT IS ALSO REMEMED ON AN ANNUAL BASIS. Form 990, Part VI, Section B, Line 12C: THE ORGANIZATION REVIEWS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY.