** PUBLIC DISCLOSURE COPY **

Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

X Yes

Form 990 (2016)

OMB No. 1545-0047

For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 Check if C Name of organization D Employer identification number Address CITIZENS FOR PENNSYLVANIA'S FUTURE Name change 31-1607866 Doing business as initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 717-214-7920 610 NORTH THIRD STREET 4,122,172. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended HARRISBURG, PA 17101-1113 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: JACOUELYN BONOMO for subordinates? 610 NORTH THIRD STREET, HARRISBURG, PA 1710 H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► HTTP: //WWW.PENNFUTURE.ORG/ H(c) Group exemption number Other > K Form of organization: X Corporation Trust Association L Year of formation: 1998 M State of legal domicile: PA Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF PENNFUTURE IS TO Governance LEAD THE TRANSITION TO A CLEAN ENERGY ECONOMY IN PENNSYLVANIA AND 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 15 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 26 5 140 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 3,697,291 1,713,846. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 36,939. 639,156. 92.848. 225,343. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,687. 27,175. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,605,520. 3.857.765. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 665,841. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 1,735,840. 1,573,483. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 329, 338. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 901,245. 975,216. 2,637,085 3,214,540. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,220,680. -609,020. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,790,091. 3,230,468. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 194,674. 270,875. Net 3,595,417. 2,959,593. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JACQUELYN BONOMO, PRESIDENT AND CEO Type or print name and title Here Check PTIN Preparer's signature Print/Type preparer's name 11/30/17 P00168809 Paid LISA RITTER Preparer Firm's name MAHER DUESSEL, CPA'S Firm's EIN 25-1622758 Use Only Firm's address 3003 NORTH FRONT STREET, SUITE 101 Phone no. 717-232-1230 HARRISBURG, PA 17110

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

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016) CITIZENS FOR PENNSYLVANIA'S FUTURE
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		Λ
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	U		
	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? If "Yes," complete Schedule D, Part III	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			21
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	- 1		
	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	77.7		1
1,2	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	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	1441		11
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	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		F	
	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 "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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i arci		**
a'er	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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	Tit		14
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	311	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		х
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Form 990 (2016) CITIZENS FOR PENNSYLVANIA'S FUTURE
Part IV | Checklist of Required Schedules (continued)

		-1	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1000	X
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	х	
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		x
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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		4
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	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		x
ь	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		x
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		х
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	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	27		Α
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-01	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
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, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	ii	x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35a		A
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	1.	X
_	Note. All Form 990 filers are required to complete Schedule O	38	A	_

Form 990 (2016) CITIZENS FOR PENNSYLVANIA'S FUTURE
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	Table Table To St.				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			11.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		ble gaming			
	(gambling) winnings to prize winners?			10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100		
	filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
1	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	0.0				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	4 150.00		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			37		
-	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
h	If "Yes," enter the name of the foreign country:			70		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR)			Н
59	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		CONTRACTOR OF THE PERSON NAMED IN CONTRA	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-		Soft a vigorer day a sage proper a pecial of	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		- 41
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			JU		
oa				6-		x
				6a		Δ
0	If "Yes," did the organization include with every solicitation an express statement that such contributions and the did to the state of	nions c	or gitts	06		
~	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	and and	Description and at high brane	4		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		The second secon			v
	to file Form 8282?		· · · · · · · · · · · · · · · · · · ·	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		in.	-5		w
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		- CHILDINICAL STREET	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	-	X
9	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	-	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ie	1		
	sponsoring organization have excess business holdings at any time during the year?			8		-
9	Sponsoring organizations maintaining donor advised funds.			1		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1.55	0	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	11.00	i			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	101			107	
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a		_
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.					
a	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.					
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	13b				
C	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ile O		14b	100	

CITIZENS FOR PENNSYLVANIA'S FUTURE 31-1607866 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 15 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. 15 b Enter the number of voting members included in line 1a, above, who are independent 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

17101

THE ORGANIZATION - 717-214-7920 610 N THIRD ST, HARRISBURG, PA

Form	agn	1201	61	

CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than o	nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	hours for related organizations below		Officer Key emplayee Highest comensaled		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHAR MAGARO CHAIR	1.00	x		x				0.	0.	0.
(2) BRIAN LANG VICE CHAIR	1.00	x		x				0.	0.	0.
(3) BARBARA SMITH SECRETARY	1.00	x		x				0.	0.	0.
(4) TIMOTHY FULTON TREASURER	1.00	x		x				0.	0.	ó.
(5) THOMAS SCHMIDT III DIRECTOR	1.00	х						0.	0.	0.
(6) SUE HOSTLER DIRECTOR	1.00	x						0.	0.	0.
(7) SCOTT TOBE DIRECTOR	1.00	x						0.	0.	0.
(8) COREY WOLFF DIRECTOR	1.00	x						0.	0.	0.
(9) RANDALL CLINE DIRECTOR	1.00	x						0.	0.	0.
(10) DIANA DAKEY DIRECTOR	1.00	X						0.	0.	0.
(11) JAMIE GAUTHIER DIRECTOR	1.00	X						0.	0.	0.
(12) CECILY KIHN DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL MANN DIRECTOR	1.00	X						0.	0.	0.
(14) JANE MORIARTY DIRECTOR	1.00	x	E					0.	0.	0.
(15) MARILYN KAUFFMAN DIRECTOR	1.00	x		16				0.	0.	0.
(16) LARRY SCHWEIGER PRESIDENT & CEO	40.00			x			L	180,000.	0.	4,100.
(17) JACQUELYN BONOMO EXECUTIVE VICE PRESIDENT & COO	40.00			x			-	125,000.	0.	9 , 727 . Form 990 (2016)

		FOR PE				_	_	_		31-16	078	66	P	age 8
1 41	t VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from	(E) Reportable compensation from related		Esti	(F) mate ount ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	from organiand organiand	m the nizat relat	e ion ed
(18)	GEORGE JUGOVIC	40.00						-	That white			10.5		1,5
VICE	PRESIDENT OF LEGAL AFFAIRS					F	X		119,383.		0.	12	, 4	56.
														_
					VIII						Ī			
			ij											
					Ī									
	Sub-total								424,383.		0.	26	, 2	83.
	Total from continuation sheets to Part Total (add lines 1b and 1c)								424,383.		0.	26,283.		83.
2	Total number of individuals (including but compensation from the organization							_					1-	3
		N. Z. J. J.								W. Levelle	Г		/es	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3		х
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c	omp	ens	ation	n and	d ot	ner compensation from t	he organization	- 1	4	x	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	r accrue compe	nsat	ion f	rom	any	y uni	relat	ed organization or indivi	dual for services		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of the organization. Report compensation for									the state of the s	ensa	tion fro	m	
_	(A)	ine calendary	eai	endi	ng v	WILLI	OI W	nia ita	(B)	ear.	_	(C)	7, 7	
-	Name and busines	1000000	lan.			-			Description of s	ervices	Co	mpen	satio	n
	FTON LARSON ALLEN, 6: KE, SUITE 400, PLYMOU								OUTSOURCED ACCOUNTING S	ERVICES		112	, 6	50.
_														
_			_				-							
_					-		-							
2	Total number of independent contractors \$100,000 of compensation from the orga		not I	imite	d to	tho	se li	stec	above) who received m	ore than				

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c 7,936 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,705,910 g Noncash contributions included in lines 1a-1f: \$_ 5,272 h Total. Add lines 1a-1f . 1 713 846 **Business Code** Program Service Revenue 2 a LEGAL INCOME 541100 615,601 615,601 b MEMBERSHIP DUES 541700 23,555 23,555 f All other program service revenue g Total. Add lines 2a-2f 639 156 Investment income (including dividends, interest, and other similar amounts) 30,565 30,565, Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents 39,597 b Less: rental expenses 10,638 c Rental income or (loss) 28,959 d Net rental income or (loss) 28,959 28.959 (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 1,695,079 b Less: cost or other basis and sales expenses 1,500,301 c Gain or (loss) 194.778. d Net gain or (loss) 194,778 194,778, 8 a Gross income from fundraising events (not Other Revenue including \$ 7,936, of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b 5 713 c Net income or (loss) from fundraising events 1.784 1,784. 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. 223 559. 2 605 520 668 115 Form 990 (2016)

Form 990 (2016) CITIZENS FOR PENNSYLVANIA'S FUTURE Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons		this Part IX	/C)	(D)
	ot Include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	665,841.	665,841.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		The street of the	7.5	T 15 T 10 11 11
	trustees, and key employees	331,652.	212,218.	79,490.	39,944.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	995,666.	756,623.	94,087.	144,956.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	333,000.	73070231	32,007.	121/300.
9	Other employee benefits	132,795.	86,675.	18,380.	27,740.
10	Payroll taxes	113,370.	82,742.	14,282.	16,346.
11	Fees for services (non-employees):	220/0101	02//22/		
	Management				
	Legal				
	Accounting	116,447.		116,447.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,300.		12,300.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	386,718.	364,400.	2,800.	19,518.
12	Advertising and promotion	1,027.	747.	280.	
13	Office expenses	73,376.	31,911.	19,005.	22,460.
14	Information technology	41,920.	16,961.	10,764.	14,195.
15	Royalties			24.422	04 450
16	Occupancy	155,905.	110,263.	24,490.	21,152.
17	Travel Payments of travel or entertainment expenses	65,680.	53,453.	4,979.	7,248.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,471.	20,810.	2,401.	5,260.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,714.	19,003.	4,818.	4,893.
23	Insurance	26,221.	17,606.	8,197.	418
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	25,748.	15,740.	4,875.	5,133.
b	RESEARCH & OTHER	12,689.	9,162.	3,452.	75.
C					
d					
е	All other expenses			1 2 3 4 5 5 4	
25	Total functional expenses. Add lines 1 through 24e	3,214,540.	2,464,155.	421,047.	329,338
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)				

				(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			1,203,744.	1	1,193,867
2	Savings and temporary cash investments			138,905.	2	36,888
3	Pledges and grants receivable, net			320,990.	3	673,937
4	Accounts receivable, net			16,360.	4	26,640
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualif					
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instr).	Complete F	Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			49,024.	9	51,573
10a	Land, buildings, and equipment: cost or other		50.0 East			
	basis. Complete Part VI of Schedule D	10a	945,320.	120000000		
b	Less: accumulated depreciation	10b	459,944.	485,287.	10c	485,376
11	Investments - publicly traded securities			1,561,836.	11	751,148
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line	11 ,			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			13,945.	15	11,039
16	Total assets. Add lines 1 through 15 (must equa			3,790,091.	16	3,230,468
17	Accounts payable and accrued expenses	184,348.	17	260,388		
18	Grants payable		18			
19	Deferred revenue		10,326.	19	10,487	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to current and former		The August of the Section of the Sec			
100	key employees, highest compensated employee					
1.9	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, page					
	parties, and other liabilities not included on lines	17-24). Cor	nplete Part X of		-	
4.5	Schedule D			104 674	25	070 075
26	Total liabilities. Add lines 17 through 25			194,674.	26	270,875
100	Organizations that follow SFAS 117 (ASC 958		re LA and			
	complete lines 27 through 29, and lines 33 an			1 600 005		2 027 047
27	Unrestricted net assets			1,628,235.	27	2,037,047
28	Temporarily restricted net assets		The state of the s	1,967,182.	28	922,546
29					29	
	Organizations that do not follow SFAS 117 (A	eck here				
00	and complete lines 30 through 34.				00	
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in			2 EDE 417	32	2 050 502
33	Total net assets or fund balances			3,595,417. 3,790,091.	33	2,959,593 3,230,468

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-1337 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

2c

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016

Open to Public Inspection

Name of the organization

Employer identification number

Part			(All organizations must co			ee instructions	1-1607866
	anization is not a private fou						
1			tion of churches described				
2	구기 없는 그는 사람들이 되었다. 이 사람들이 되었다.		. (Attach Schedule E (Forn			1)(2)(1).	
3	The state of the s		ganization described in se			in.	
4			conjunction with a hospital		3	The second of th	the hospital's name
4	city, and state:	inzation operated in c	orijanotion with a nospital	deachibe	a iii sectio	in Trouble ()(A)(iii), Lines	the nospital s flame,
5			college or university owner	d or opera	ted by a g	overnmental unit describ	ed in
6			mental unit described in	section 1	70(b)(1)(A)	(v).	
7 🛚 🗓		mally receives a subs	tantial part of its support f	3	1 10 10 15 3	A THE RESERVE TO BE A PERSON OF	public described in
8			o)(1)(A)(vi). (Complete Par	EILA			
9			ed in section 170(b)(1)(A)(ed in conit	motion with a land-grant	college
			riculture (see instructions).				
10		mally receives: (1) mo	re than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
	~~ 이렇지 시작[편집 교육[편집] 그 1년 1년 1년 1년 1	tarner T.E. Pierre Strike and St. 19	ject to certain exceptions,			그 생생들이 없는 내 있었다는 생물이 되었다.	그녀를 잔다면 가는 말씀이 살아 있다.
		usiness taxable incom	ne (less section 511 tax) from	440000			
11	and the state of t	and the second s	sively to test for public sa	fety. See	section 5	09(a)(4).	
12	그 그림을 보고 하다는 일을 하는 일을 수 있다면서		usively for the benefit of, to				purposes of one or
	more publicly supported	organizations describ	bed in section 509(a)(1) of supporting organization	r section	509(a)(2).	See section 509(a)(3). C	
a [supervised, or controlled				aivina
			regularly appoint or elect			20 had 1. minute 20 No. 3 (20 hi) 1. minute 20 minute 20 hiji 1. minute 20 minute 20 hiji 1. minute 20 minute 2	
	organization. You mus		하이는 그 그 이 문이라는 그렇게 되는 것 같아.	a majority	of the dire	ctors or trustees or the s	apporting
b [ed or controlled in connec	tion with i	e aumond	and arganization(s), by ha	wlea
		t of the supporting or	rganization vested in the s				
c			ing organization operated	in connec	tion with.	and functionally integrate	ed with.
4			ns). You must complete I				
d [oporting organization oper				zation(s)
-		일본 이 경우 아니라 그 아이지는 사람이 되었다.	nization generally must sa			점시 시네즘들은 교리에 하시다. 전에는 조지하다 다양	
			omplete Part IV, Sections			man from the first the second of the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. [===		a written determination fro				
•			tionally integrated support			a Type I, Type II, Type III	
+ F	nter the number of supporte	the second second second second		~			
n P	rovide the following information	tion about the suppor	rted organization/s\		**************		
9 '	(i) Name of supported	(ii) EIN	(iii) Type of organization	(lv) is the org	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
_		-	above (see instructions))	100	140		
		+					
		-	1				
				-			
		4	1			1	

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,000,541,	2,463,115,	2,492,534,	3,697,291,	1,713,846,	12,367,327,
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions	2,000,541.	2,463,115.	2,492,534.	3,697,291.	1,713,846.	12,367,327,
3	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						5,661,851,
	Public support. Subtract line 5 from line 4.						6 705 476
	ction B. Total Support	150000		177.727			400.000
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Amounts from line 4 Gross income from interest, dividends, payments received on	2,000,541.	2,463,115.	2,492,534,	3,697,291,	1,713,846.	12,367,327.
9	securities loans, rents, royalties and income from similar sources Net income from unrelated business	45,319.	39,393.	34,770.	70,182.	70,162.	259,826.
	activities, whether or not the business is regularly carried on		7.14				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,000.	10,075.	40,480.	8,536.		70,091.
11	Total support. Add lines 7 through 10		W. W. A. A. A.	11000	10000		12,697,244.
12	프린 생생님이 되었다면 하다 하나 뭐 하는데 하다니다.	etc. (see instructio	ns)			12	676,095.
13 Se	First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Publi						▶□
	Public support percentage for 2016 (li					14	52.81 %
	Public support percentage from 2015		A TOTAL OF THE PARTY OF THE PAR	Contraction of the Property of the			50.82 %
16	a 33 1/3% support test - 2016, If the o stop here. The organization qualifies a 3 3 1/3% support test - 2015. If the o and stop here. The organization quali	rganization did not as a publicly suppo rganization did not	check the box on orted organization check a box on lin	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	ox and Nis box
	a 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" o 10% -facts-and-circumstances test more, and if the organization meets th	- 2016, If the organisers and circumstance test. The organizate - 2015, If the organizate - 2015, If the organizates and the organizates - 2015, If the orga	unization did not ch es" test, check thi ion qualifies as a p unization did not ch	neck a box on line is box and stop he sublicly supported neck a box on line	13, 16a, or 16b, a ere. Explain in Par organization 13, 16a, 16b, or	and line 14 is 10% rt VI how the organ 17a, and line 15 is	or more, nization 10% or
	organization meets the "facts-and-circ						▶□
18			하고 있으로 가지 않는데 하다				
10	Trivate roundation, it the organization	du not check a L	A DIT III O TO, TOA	100, 170, 01 170			or 990-E71 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	ow, please comp	Diete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and					THE RESERVE	
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 5.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	at the same of the		Link Company of the Company		THE RESERVE OF THE PROPERTY OF	zation,
check this box and stop here	- C		*******	********		
Section C. Computation of Public			in in		Tuel	
 Public support percentage for 2016 (lin Public support percentage from 2015) 			2.370 (417)			
Section D. Computation of Inves					16	
the William of Control of Control					17	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2016. If the or						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2015. If the of line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Suppo	ortina	Orga	nizations	5

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
Зс		
4a		
4b		
4c		
,,,		
5a		
5b		
5c		-
6		
7		
8		
9a		
9b	E	
9c		
10a		
10b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions.
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	omplete Se	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		100000
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8 Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			(5,4,4,1,5,4,
a	Average monthly value of securities	1a		
- 1	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		7
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 CITIZENS FOR Part V Type III Non-Functionally Integrated 509			1-1607866 Page
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish ex			
2 Amounts paid to perform activity that directly furthers exem			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which	the organization is responsive		
(provide details in Part VI). See instructions	and organization is responsive		
Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
to Line 8 amount divided by Line 9 amount	T n	200	#W.
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reason-			
able cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
a Evoges from 2014			

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 CITIZENS FOR PENNSYLVANIA'S FUTURE 31-1607866 Pa	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
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-		_
-		_
-		_
_		
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-		
		-
		_
		_

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. DMB No. 1545-0047

2016

Employer identification number

	CITIZENS FOR PENNSYLVANIA'S FUTURE	31-1607866
Organization type(che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundat	tion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
	eation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	하다 하다면서 주민이 가셨다면서 맛이 다녀가 하면 어린 네이트 때문을
Special Rules		
sections 509(a	eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, linibutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of 0-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from
year, total con	eation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions of more than \$1,000 exclusively for religious, charitable, scientific, literary or cruelty to children or animals. Complete Parts I, II, and III.	
year, contribu is checked, er purpose, Don	eation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receitions exclusively for religious, charitable, etc., purposes, but no such contributions there here the total contributions that were received during the year for an exclusively to complete any of the parts unless the General Rule applies to this organization be itable, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box ly religious, charitable, etc., secause it received nonexclusively
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Scho" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ deet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	[6] T. T. T. J.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$\$ <u>85,848.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		sss	Person X Payroll

Name of organization

Employer identification number

CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866

Part I	Contributors (See instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		s125,636.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	=	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II for noncash contributions.)

Employer identification number

CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866

Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-16	\$	990, 990-EZ, or 990-PF) (

		 _	 _
Mama of orga	Divotion		

Employer identification number Name of organization

Ma	Jse duplicate copies of Part III if addition	al space is needed.	m section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations sess for the year. (Enter this info. once) ► \$
) No. rom art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
		(c) Use of gift	(d) Description of how gift is held
No. rom art I	(b) Purpose of gift		-

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016

Open to Public Inspection

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organiza 	ations: Complete Part III.			
Name of organization				oyer identification number
CITIZE	NS FOR PENNSYLVAN	IA'S FUTURI	E	31-1607866
Part I-A Complete if the or	ganization is exempt und	ter section 501(c	or is a section 527 o	rganization.
Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	itures		⊳ \$	
Part I-B Complete if the or	ganization is exempt und	ler section 501(c	:)(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a secti				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				1/6/
Part I-C Complete if the or				
1 Enter the amount directly expende				
2 Enter the amount of the filing orga			C ACT I M DOLLAR	
exempt function activities				
3 Total exempt function expenditure				
line 17b 4 Did the filing organization file Form				
5 Enter the names, addresses and emade payments. For each organize contributions received that were political action committee (PAC). I	employer identification number (E ation listed, enter the amount pai promptly and directly delivered to	IN) of all section 527 p id from the filing organ a separate political or	political organizations to whic nization's funds. Also enter th rganization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		4		
	2			
	-	+		
		+		

Schedule C (Form 990 or 990-EZ) 2016 C: Part II-A Complete if the organ section 501(h)).	ITIZENS FOR	R PENNSYLVAN npt under section	IA'S FUTUR 501(c)(3) and file	E 31-1 ed Form 5768 (el	607866 Page 2 ection under
expenses, and share of	of excess lobbying e	ated group (and list in P xpenditures). d "limited control" provi		group member's nam	e, address, EIN,
	on Lobbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (a	rass roots lobbying)		6,206.	
b Total lobbying expenditures to influer				6,294.	
c Total lobbying expenditures (add line				12,500.	
d Other exempt purpose expenditures				3,402,040.	
e Total exempt purpose expenditures (3,414,540.	
f Lobbying nontaxable amount. Enter t				320,727.	
If the amount on line 1e, column (a) or (Conde transmitted to the department of the contract of the con	ying nontaxable amou	1.1.1.1		
Not over \$500,000		ne amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$100,000	plus 15% of the exces	s over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,000	plus 10% of the exces	s over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,000) plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero o i Subtract line 1f from line 1c. If zero o j If there is an amount other than zero	or less, enter -0- r less, enter -0- on either line 1h or li		on file Form 4720	80,182. 0. 0.	
reporting section 4911 tax for this ye (Some organizations that	4-Year Ave made a section 50	raging Period Under so 1(h) election do not ha te instructions for line	ection 501(h) ave to complete all		Yes No
	Lobbying Expen	ditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	302,838.	281,854.	281,854.	320,727.	1,187,273.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,780,910.
c Total lobbying expenditures	36,132.	21,567.	15,074.	12,500.	85,273.
d Grassroots nontaxable amount	75,710.	70,464.	70,464.	80,182.	296,820.
e Grassroots ceiling amount	13,110.	70,2021	70,3031	50,102.	220,020
(150% of line 2d, column (e))					445,230.
f Grassroots lobbying expenditures	16,767.	11,780.	7,350.	6,206.	42,103.

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 CITIZENS FOR PENNSYLVANIA'S FUTURE 31-1607866 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	-	(b)
he lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?		_		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the experience experte some quarter labeling and antifer antifer and antifer antifer and antifer antifer antifer and antifer antifer and antifer a		100		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
ort III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or se		
	n 501(c)(5)	, or se		ne 3, i
ort III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)(5) "No," OR (), or se (b) Par		ne 3, i
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)(5 "No," OR (), or se (b) Par		ne 3, i
ort III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	n 501(c)(5 "No," OR (), or se (b) Par		ne 3, i
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	n 501(c)(5) "No," OR (), or se (b) Par		ne 3, i
ort III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	n 501(c)(5) "No," OR (), or se (b) Par		ne 3, i
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b		ne 3, i
ort III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b 2c		ne 3, i
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year C Total	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b 2c		ne 3, i
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c)(5) "No," OR (al), or se (b) Par 1 2a 2b 2c		ne 3, i
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues under the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	on 501(c)(5) "No," OR (al), or se (b) Par 1 2a 2b 2c 3		ne 3, i
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	on 501(c)(5) "No," OR (al), or se (b) Par 1 2a 2b 2c 3		ne 3, i
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b		ne
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year?	on 501(c)(5) "No," OR (al), or se (b) Par 1 2a 2b 2c 3		ne 3,
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Cotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	on 501(c)(5) "No," OR (al), or se (b) Par 1 2a 2b 2c 3		ne 3,
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b 2c 3	t III-A, lir	ne 3,
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b 2c 3	t III-A, lir	ne 3, i
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 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 (affiliated group)	n 501(c)(5) "No," OR (), or se (b) Par 1 2a 2b 2c 3	t III-A, lir	ne 3, i
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

OMB No. 1545-0047

Employer identification number

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Similar Funds	or Accou	unts. Complete if the
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Annual de la colonia de la col			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr		ed funds	
	are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?		700	Yes No
Pai	rt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, P	art IV, line 7	V.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or education of natural habitat Preservation of open space	Preservation of a certif	fied historic	structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	of a conserv	The state of the s
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b				
C	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register			
3	Number of conservation easements modified, transferred, release year		organizatio	n during the tax
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the perio			
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	ervation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin			nts during the year
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	나가 마시다 하다 하다 하다 가장 내가 있는 것이 없는 것이 없었다.		
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9	중하는 그렇게 하다 없다는 것이 나를 하는 사람이 하는 것이 되었다면 하는 것이 되었다면 하는 것이 없다.	ther Simi	lar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	958), not to report in its revenue statem bition, education, or research in furtherar		
b	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items:	958), to report in its revenue statement		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under SFAS 116		# Transcon	
а		그 회사에 가는 이번 이렇게 하고 있다. 이 사이에는 이번 가게 하는데 그 것도 하셨다. 아이라면		\$
	Assets included in Form 990, Part X			\$

Part I		S FOR PENN Collections of A			Other			ts/contin		age 2
_	sing the organization's acquisition, access									s
	heck all that apply):									
a	Public exhibition		Loan or e	kchange program	s					
b	Scholarly research		Other							
c	Preservation for future generations									
4 Pr	rovide a description of the organization's c	ollections and explai	in how they furthe	the organization	's exem	pt purpo	se in Par	t XIII.		
	uring the year, did the organization solicit of			A 10 10 10 10 10 10 10 10 10 10 10 10 10						
to	be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?				Yes		No
Part I	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiza	tion answered "Y	es" on F	orm 990	Part IV,	line 9, or	0	
or	the organization an agent, trustee, custod n Form 990, Part X?	*******************	*************					Yes		No
b If	"Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:			-				
						1		Amoun	t	-07
	eginning balance									
d A	dditions during the year					1d				
e Di	istributions during the year					1e				
	nding balance								_	_
	id the organization include an amount on F					y?		Yes		No
	"Yes," explain the arrangement in Part XIII									
Part 1	V Endowment Funds. Complete	if the organization ar	swered "Yes" on							
		(a) Current year	(b) Prior year	(c) Two years I	back (c	Three ye	ars back	(e) Fou	r years	back
	eginning of year balance		1 47 1 - 417							
	ontributions									
c N	et investment earnings, gains, and losses				11					
d G	rants or scholarships									
e 0	ther expenditures for facilities									
ar	nd programs		1							
f A	dministrative expenses				- (
g Er	nd of year balance									
2 P	rovide the estimated percentage of the cur	rent year end balance	ce (line 1g, column	(a)) held as:						
a B	oard designated or quasi-endowment		%							
b P	ermanent endowment	%								
c Te	emporarily restricted endowment	%								
T	he percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a A	re there endowment funds not in the possi	ession of the organiz	ation that are held	and administere	d for the	organiz	ation			
by	y:								Yes	No
(i)	unrelated organizations		************************					3a(i)		
(ii	i) related organizations	****************	***************************************	*********	******			3a(ii)		
b If	"Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on Schedule I	37				. 3b		
	escribe in Part XIII the intended uses of the									
Part '	VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11a	. See Form 990, I	Part X, li	ne 10.				
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Acc	cumulate	d	(d) Boo	k valu	е
	100000000000000000000000000000000000000	basis (invest	ment) bas	is (other)	depr	eciation	Y 1			
1a La	and			70,000.				7	0,0	00.
	uildings		6	00,151.	2	27,49	2.		2,6	
c Le	easehold improvements									
	quipment		2	75,169.	2	32,45	52.	4	2,7	17.
	ther									
	Add lines 1a through 1e (Column (d) must		V antima (D) lin	10-1				10	5 3	76

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		uation: Cost or end-of-year market value
1) Financial derivatives	(b) Formula	(o) monios or ra	autom poor or one or you marker value
2) Closely-held equity interests			
n Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		-	
(H)			
Part VIII Investments - Program Related.			
		44 D E 000 D	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(a) Method of val	art X, line 13. luation: Cost or end-of-year market value
	(b) book value	(c) Welliod of val	dation. Gost of end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		(
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (11d, See Form 990, P	art X, line 15. (b) Book value
	Description		(b) Book value
(1)		_	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of			990, Part X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(3) (4)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2016 CITIZENS FOR PENNSYLVANIA'S FUTURE Part XIII Supplemental Information (continued)	31-1607866 Page 5
FUNDRAISING EVENT EXPENSES	5,713.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	16,351.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	10,638.
FUNDRAISING EVENT EXPENSES	5,713.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,351.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

2016

Open to Public Inspection

Name of the organization CITIZENS	FOR PENN	SYLVANIA'S I	FUTURE	2140.32.0			Employer identification number 31-1607866
Part I General Information on Grants a	nd Assistance	V2-140-201-325					
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	stance?		razantantika halisa idada	<	the factor of the contract of		
Part II Grants and Other Assistance to recipient that received more than \$					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLEAN AIR COUNCIL 135 S 19TH STREET PHILADELPHIA, PA 19103	23-1683461	501(c)(3)	64,400,	0,			CHALLENGE DRILLING - EVERYWHERE ZONING - MIDDLESEX TWP, BUTLER COUNTY
CLEAN AIR COUNCIL 135 S 19TH STREET PHILADELPHIA, PA 19103	23-1683461	501(C)(3)	18,400.	0,			GORSLINE AMICUS BRIEF
CLEAN AIR COUNCIL 135 S 19TH STREET PHILADELPHIA, PA 19103	23-1683461	501(C)(3)	50,000,	0.			EXPORT PIPELINES CLOTHED AS THE STATE MUST APPLY THE ERA
CLEAN AIR COUNCIL 135 S 19TH STREET PHILADELPHIA, PA 19103	23-1683461	501(C)(3)	20,000,	a,			PROTECTING THE RIGHTS OF IMPACTED RESIDENTS TO PARTICIPATE IN LAND USE HEARINGS
DELAWARE RIVERKEEPER NETWORK 925 CANAL STREET, SUITE 3701 BRISTOL, PA 19007	74-3255972	501(C)(3)	227,654.	0,			WHAT IT MEANS FOR PA DEP TO HAVE AN ERA OBLIGATION
ENVIRONMENTAL INTEGRITY PROJECT 1000 VERMONT AVENUE NW, SUITE 1100 WASHINGTON, DC 20005	20-1326922	501(C)(3)	75,000,	0.			ROBINSON TOWNSHIP OIL AND GAS ORDINANCE CHALLENGE
 Enter total number of section 501(c)(3) at Enter total number of other organizations 			he line 1 table				6.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR SHAKE ENVIRONMENTAL LEGAL SERVICES - 3495 BUTLER STREET, 1ST FLOOR - PITTSBURGH, PA 15201	46-2642901	501(C)(3)	71,800,	0,			PROTECT PENN TOWNHIP LOCAL HEARINGS AND LAND USE APPEALS
FAIR SHAKE ENVIRONMENTAL LEGAL SERVICES - 3495 BUTLER STREET, 1ST FLOOR - PITTSBURGH, PA 15201	46-2642901	501(c)(3)	53,000.	0,			PROTECT PENN TOWNHIP LOCAL HEARINGS AND LAND USE APPEALS
MOUNTAIN WATERSHED ASSOCIATION PO BOX 408, 1414 B, ICV ROAD MELCROFT, PA 15462	25-1730301	501(C)(3)	7,000.	0.			PENN TOWNSHIP LAND USE APPEAL
MOUNTAIN WATERSHED ASSOCIATION PO BOX 408, 1414-B, ICV ROAD MELCROFT, PA 15462	25-1730301	501(C)(3)	47,200,	0.			ELIZABETH TOWNSHIP LAND USE APPEAL
MOUNTAIN WATERSHED ASSOCIATION PO BOX 408, 1414-B, ICV ROAD MELCROFT, PA 15462	25 1730301	501(C)(3)	9,000.	0.			APPEAL OF SUNOCO'S MARINER EAST PERMITS
PROTECT ELIZABETH TOWNSHIP PO BOX 43 BUENA VISTA, PA 15018	81-1460923	501(C)(3)	19,000.	ŏ.			THE BETTER COMMUNITY

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information.	ation required in Part I, line	2; Part III, columi	n (b); and any other a	dditional information.	
RT I, LINE 2:	and their President	NAME OF THE PARTY	. 9 : 3 : 2 : 2	Carrier I	
PORTS MUST BE SUBMITTED EVER	RY SIX MONTHS	UNTIL THI	E GRANT HAS	BEEN	
PENDED OR RESULT ACHIEVED.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CITIZENS FOR PENNSYLVANIA'S FUTURE Part I Questions Regarding Compensation

Employer identification number 31-1607866

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	(11)		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	5-07		1
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	1	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ľ		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
-	The organization?	5a		X
h	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
u	contingent on the net earnings of:	1		
-	The organization?	6a		X
h	Associated to the first of the	6b		X
u	If "Yes" on line 6a or 6b, describe in Part III.	30		23
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
8	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ, l	x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	1 44	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
2	Regulations section 53.4958-6(c)?	9	1	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LARRY SCHWEIGER	(i)	180,000.	0.	0.	0.	4,100.	184,100.	0
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)						ii -	
	(ii)		1					
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				1			
1	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016 CITIZENS FOR PENNSYLVANIA'S FUTURE	31-1607866	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	mplete this part for any additional informa	tion.
	with the same the same and same and the same	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization					IA'S FUTUR		31	-16	078		on nu	mber
the second secon					on 501(c)(4), and 50 art IV, line 25a or 25b				1h			
	/h) D	elationship bet			ified	A REAL PROPERTY.			, o.	(d)	Correc	cted?
(a) Name of disqualified	d person	person and o			(0	e) Description of trans	nsactio	n		-	es	No
3 Enter the amount of ta	ux, if any, on line 2, a	above, reimburs	sed by	the or	ganization			S				
	e organization ansv mount on Form 990				, Part V, line 38a or I	Form 990, Part IV, li	ne 26;	or if th	e orga	nizatio	on	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	by bo	ard or	111	ritten ment?
			То	From			Yes	No	Yes	ganization Approved (i) W board or agree s No Yes	No	
Total	Assistance Ber	efiting Inte	reste	d Pe	▶ \$							- 3
	e organization ansv											
(a) Name of intereste	d person	(b) Relationship interested per the organiz	onship between (c) Amount of (d) Type of assistance assistance						(e) Purpose of assistance			

	(b) Relationship between interested person and the organization PRESIDENT AND CEO	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
LARRY SCHWEIGER				Yes	No
JAKKI BCHWEIGEK	FRESIDENT AND CEO		PENNEGICKE		Α
Part V Supplemental Information					
	esponses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	NG INTEREST	ED PERSONS:	à.	
(A) NAME OF PERSON: LARF	RY SCHWEIGER				
(D) DESCRIPTION OF TRANS	SACTION: PENNFUTURE HAS	S A 39.8625	& EOUTTY		
INTEREST IN PACECONTROLS	B, LLC. THE INVESTMENT	r is CARRIE	D AT A ZERO)	
VALUE. LARRY SCHWEIGER,	PRESIDENT AND CEO OF	PENNFUTURE	, IS A MEME	ER O	F
THE BOARD OF DIRECTORS O	OF PACECONTROLS LLC.				
IND BOARD OF DIRECTORS	TACECONINOED, EEC.				
					_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31-1607866

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEYOND. PENNFUTURE IS PROTECTING OUR AIR, WATER AND LAND, AND

EMPOWERING CITIZENS TO BUILD SUSTAINABLE COMMUNITIES FOR FUTURE

GENERATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROTECTION IN EACH OF THESE AREAS. PENNFUTURE HAS ALSO REVIEWED

DISCHARGE MONITORING REPORTS FROM NUMEROUS NATIONAL POLLUTANT DISCHARGE

ELIMINATION SYSTEM PERMITTEES TO ASSESS THEIR COMPLIANCE WITH PERMIT

CONDITIONS. THROUGH THIS WORK (AND OTHERS), PENNFUTURE HAS HELPED TO

PROTECT AND PRESERVE PENNSYLVANIA'S WATER QUALITY FOR PENNSYLVANIA'S

CITIZENS AND FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 4:

PENNFUTURE APPROVED TO AMEND THE BYLAWS INCREASING THE TERM OF THE OFFICERS
FROM ONE TO TWO YEARS AND TO PROVIDE FOR AN EXTENSION OF THE DIRECTOR'S
TERM IF NEEDED TO ACCOMMODATE THE EXTENDED OFFICER'S TERM.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC DRAFT OF THE FORM 990 IS CIRCULATED TO THE BOARD OF DIRECTORS
FOR REVIEW AND APPROVAL. A MAJORITY OF THE BOARD MEMBERS ARE REQUIRED TO
REVIEW AND APPROVE THE RETURN. WRITTEN COMMENTS AND QUESTIONS REGARDING THE
RETURN. IF ANY, AND APPROVAL ARE SENT TO THE PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD MEMBERS ARE REQUIRED TO SIGN A DOCUMENT STATING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 31-1607866

THAT THEY HAVE NO CONFLICTS OF INTEREST WITH THE ORGANIZATION OR OUTSIDE PARTIES THAT WOULD DIMINISH THEIR CAPACITY TO SERVE.

FORM 990, PART VI, SECTION B, LINE 15:

PENNFUTURE MUST ATTRACT AND RETAIN THE MOST QUALIFIED STAFF IF IT IS GOING TO FULFILL ITS MISSION AND UNDERSTANDS THAT EMPLOYEES COULD EARN MORE IN THE FOR-PROFIT SECTOR. EMPLOYEES WORK FOR PENNFUTURE AS A RESULT OF THEIR COMMITMENT TO ENVIRONMENTAL PROTECTION AND RECOGNIZE THAT PENNFUTURE, AS A NON-PROFIT CORPORATION, CANNOT PAY STAFF WHAT OTHERWISE MIGHT BE CONSIDERED THEIR FAIR MARKET VALUE. PENNFUTURE ALSO RECOGNIZES THAT ITS STAFF HAS SKILLS THAT CAN PROVIDE VALUABLE TECHNICAL ASSISTANCE TO OTHER ORGANIZATIONS IN SUPPORT OF THEIR MISSION AND THE MISSION OF PENNFUTURE, AS WELL AS PROVIDE AN OPPORTUNITY FOR PENNFUTURE TO RECEIVE REVENUE THAT SUPPORTS ITS ACTIVITIES. FOR THE CHIEF EXECUTIVE AND OFFICERS OF THE BOARD. PENNFUTURE REVIEWS AND COMPARES THE PAY LEVELS OF OTHER SIMILARLY SITUATED NON-PROFITS (AS ADJUSTED FOR EMPLOYMENT MARKETS), AS WELL AS THE EXPERIENCE AND EDUCATION OF POTENTIAL CANDIDATES. THE DETERMINED PAY LEVELS FOR THE CHIEF EXECUTIVE STAFF IS THEN APPROVED BY THE BOARD. PENNFUTURE CONTRACTS WITH AN OUTSIDE CONSULTANT, PAYSCALE, TO REVIEW JOB DESCRIPTIONS AND ASSOCIATED COMPENSATION. THE INFORMATION IS BENCHMARKED AGAINST THE MARKET PLACE. THIS WORK HAS BEEN ONGOING SINCE JANUARY 2016. THE COMPENSATION PROGRAM IS BASED ON MARKET DATA AND PERFORMANCE AGAINST INDIVIDUAL GOALS AND OBJECTIVES ESTABLISHED.

FORM 990, PART VI, SECTION C, LINE 19:

ANY MEMBER OF THE GENERAL PUBLIC MAY APPEAR AT THE ORGANIZATION'S OFFICES

AND REQUEST TO INSPECT COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS

CITIZENS FOR PENNSYLVANIA'S FUTURE	31-1607866
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	364,400
MANAGEMENT AND GENERAL EXPENSES	2,800
FUNDRAISING EXPENSES	19,518
TOTAL EXPENSES	386,718
POTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	386,718
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN EITHER PROCESS.	
FORM 990, PART IX, LINE 11G:	
OTHER FEES ARE USED FOR CONSULTANTS AND CONTRACT LABOR EX	XPENSES.
	_

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

Enter filer's identifying number

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	CITIZENS FOR PENNSYLVANIA'S FUTURE			Employer identification number (EIN) or 31-1607866		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. STREET			Social security number (SSN)		(SSN)
instructio		oreign add	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1
Application Return Application			Return			
Is For	90 or Form 990-EZ	Code	Is For			Code 07
Form 9		01	Form 990-T (corporation)			
	720 (individual)	02	Form 1041-A	6		08
Form 9		03	Form 4720 (other than individual			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 5227 Form 6069		11	
	90-T (trust other than above)	06			12	
If th	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit If it is for part of the group, check this box	Group Exe	emption Number (GEN)	. If this is fo	r the whole gr	
1	request an automatic 6-month extension of time until	organizati	on's return for:		npt organizatio	on return
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 correfundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	3a	s	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069		A CONTRACT OF THE CONTRACT OF	i filitu	11	
	stimated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.