## 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 black lung benefit trust or private foundation)

OMB No. 1545-0047
2009

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

B Check if applicable: Please applicable: Please of organization	D Employe	r identification number
use IRS	· · · · · · · · · · · · · · · · · · ·	
Address change print or CITIZENS FOR PENNSYLV	NIA'S FUTURE	
Name change type. Doing Business As PENNFUTURE	MALLI D I OTOLLI	31-1607866
Initial See Number and street (or P.O. box if mail is n	t delivered to street address) Room/suite E Telephor	ne number
Termin-lated Specific 610 NORTH THIRD STREE		717-214-7920
Amended tions. City or town, state or country, and ZIP -	4 Gross receip	
Application HARRISBURG, PA 17101	-1113 <b>H(a)</b> Is this	a group return
F Name and address of principal officer:KATH	ERINE J. JARRETT for affil	iates? Yes X No
610 NORTH THIRD ST., HAR	RISBURG, PA 17101 H(b) Are all a	ffiliates included? Yes No
I Tax-exempt status: X 501(c) (3 ) ◀ (insert no.)	4947(a)(1) or 527 If "No,"	' attach a list. (see instructions)
J Website: ► WWW . PENNFUTURE . ORG		exemption number
	iation Other ▶ L Year of formation: 1	1998 M State of legal domicile: PA
Part I Summary		
1 Briefly describe the organization's mission or most s		
g JUST FUTURE WHERE NATURE,		
2 Check this box  if the organization discont		fits net assets.
3 Number of voting members of the governing body (F		3 11
4 Number of independent voting members of the gove	ning body (Part VI, line 1b)	4 11
5 Total number of employees (Part V, line 2a)		5 24
JUST FUTURE WHERE NATURE,  Check this box  if the organization discont  Number of voting members of the governing body (F  Number of independent voting members of the governing body (F  Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VI		6 0
7a Total gross unrelated business revenue from Part VI	column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 9		
	Prior Yes	
8 Contributions and grants (Part VIII, line 1h)	2,190	
		<u>,451.</u> <u>364,814.</u>
lnvestment income (Part VIII, column (A), lines 3, 4, a	10 /d) 9	,889. 34,410.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 12 Total revenue - add lines 8 through 11 (must equal F		42,252.
13 Grants and similar amounts paid (Part IX, column (A)		,686. 3,566,889.
14 Benefits paid to or for members (Part IX, column (A),		
		,112. 1,754,212.
15 Salaries, other compensation, employee benefits (Part IX) and the Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line to Total fundraising expenses (Part IX) and the Part IX		,112. 1,734,212.
b Total fundraising expenses (Part IX, column (D), line		
17 Other expenses (Part IX, column (A), lines 11a-11d,		,323. 1,157,002.
18 Total expenses. Add lines 13-17 (must equal Part IX		
19 Revenue less expenses. Subtract line 18 from line 1		,749. 655,675.
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from li	Beginning of Cur	
왕도 20 Total assets (Part X, line 16)	3,732	
21 Total liabilities (Part X, line 26)		,103. 297,483.
22 Net assets or fund balances. Subtract line 21 from li		
Part II   Signature Block	-	
Under penalties of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than officer) is based or	ncluding accompanying schedules and statements, and to the best of all information of which preparer has any knowledge.	my knowledge and belief, it is true, correct,
CSCIP. Of 2A		2/1-/11
Sign Sathlene + Muller		3/15/1/
Here Signature of officer	Date	
YATHERINE J. JARRETT, E Type or print name and title	RESIDENT	
	Date Check if	Proporate idealify'
Paid Preparer's signature	self-	Preparer's identifying number (see instructions)
Preparer's	employed	
Use Only Use Only Self-temployed), self-		
address, and ZIP + 4 FT. WASHINGTON, E	I	Dan ► 21E 641 0200
May the IRS discuss this return with the preparer shown above		e no. ► 215-641-8300 X Yes No.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

<ul><li>If y</li></ul>	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	form).	
Par			1/2
Part I	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con only		▶□
All otl to file	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar income tax returns.	exten	sion of time
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construct the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fines. Gov/efile and click on e-file for Charities & Nonprofits.	ically if	(1) you want the additional
Type print		Emp	loyer identification number
File by	CITIZENS FOR PENNSYLVANIA'S FUTURE	3	1-1607866
due dat filing yo return.	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
instruct			
	Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 1041-A Form 80	227 069	
Te ● Ift ● Ift	EDWARD M. MCGOVERN, DIRECTOR OF ADMINIST DEPARTMENT OF BOOKS are in the care of MORTH 3RD STREET - HARRISBURG, PA 1 Dephone No. MORTH 3RD STREET - HARRISBURG, PA 1 Dephone NO	710	1-1113
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniform FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for:  □ calendar year or □ tax year beginning _JUL 1, 2009 , and ending _JUN 30, 2010	il bove.	The extension
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$
~	tax payments made. Include any prior year overpayment allowed as a credit.	3b	<b>\$</b>
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See instructions.	Зс	\$ N/A
Cauti	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1	EO for payment instructions.

923831

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)					Down 0
<ul> <li>If you are filing for an Additional (Not Automatic) 3-</li> </ul>	-Month Extension, o	complete only Part II and check this	box		Page 2  ► X
<b>Note.</b> Only complete Part II if you have already been g	ranted an automatic	3-month extension on a previously file	ed Form 8	868.	🕨 🖾
If you are filing for an Automatic 3-Month Extensio	n, complete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-I	Month Extensio	n of Time. Only file the original (no	copies ne	eded).	
Type or Name of exempt organization			Emplo	oyer identifica	ation number
CITIZENS FOR PENNSYLVA	NIA'S FUTU	RE	31	L-160786	56
Number, street, and room or suite no. If a	P.O. box, see instruc	tions.			
due date for 610 NORTH THIRD STREET					
return. See City, town or post office, state, and ZIP co		ress, see instructions.			
paratitization ( In I/IOI	<u> </u>				
Enter the Return code for the return that this application	on is for (file a separa	te application for each return)			0 1
Application	Return	Application			Dotum
ls For	Code	Is For			Return Code
Form 990	01				Code
Form 990-BL	02	Form 1041-A	Salima reason (15,22)	orton Manager Silva.	08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not alread	06	Form 8870			12
<ul> <li>The books are in the care of ► SEE STAT Telephone No. ► 717-214-7920</li> <li>If the organization does not have an office or place</li> <li>If this is for a Group Return, enter the organization's box</li> <li>If it is for part of the group, check this b</li> </ul>	of business in the Ur	FAX No.  ited States, check this box  imption Number (GEN) If ich a list with the names and EINs of a	this is for	the whole gro	up, check this
4 I request an additional 3-month extension of time		15, 2011 .	all membe	is the extensi	on is for.
5 For calendar year, or other tax year beg			MIT	30. 20	1.0
6 If the tax year entered in line 5 is for less than 12 Change in accounting period			Final re		
7 State in detail why you need the extension					
ADDITIONAL INFORMATION N RETURN.	EEDED IN O	RDER TO FILE COMPLE	TE AI	ID ACCUI	RATE
			······		
8a If this application is for Form 990-BL, 990-PF, 99	0-T, 4720, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720					
tax payments made. Include any prior year overp	payment allowed as a	a credit and any amount paid			
previously with Form 8868.  C Balance due. Subtract line 8b from line 8a. Inclu			8b	\$	0.
<ul> <li>Balance due. Subtract line 8b from line 8a. Inclu EFTPS (Electronic Federal Tax Payment System)</li> </ul>		n this form, if required, by using		4	0
El III O (Electronic i ederal fax i ayment dystem)		d Verification	8c	\$	0.
Under penalties of perjury, I declare that I have examined this it is true, correct, and complete, and that I am autherized to pr	form, including accome		the best of	my knowledge	and belief,
Signature	Title ► CPA		Date	<u>~///</u>	<u>,/,,                                  </u>
•				Form <b>88€</b>	8 (Rev. 1-2011)

) (Revenue \$

Form 990 (2009)

2,441,644.

including grants of \$

4e

932002 02-04-10

Total program service expenses ► \$

### 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			Nail.
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	o and the state of the orange	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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	Х	
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b	, real to the state of the stat	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			i
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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 301.7701-3? 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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	1	X	1

## Form 990 (2009) CITIZENS FOR PENNSYLVANIA'S FUTURE Part V Statements Regarding Other IRS Filings and Tax Compliance

		1	t		Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	33	lifi		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
•	(gambling) winnings to prize winners?	······		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
L	filed for the calendar year ending with or within the year covered by this return	2a	24			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
Ja L	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross grown and the organization have unrelated business grown and the organization have the organization of the organization of the organization have the organization of the organization of the organization have the organization of the organizat			3a		_X_
40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•••••		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country:	accou	nt)?	4a	1 1 1 2 2 2 7 7	X
D						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Financial Accounts.	Bank a	and	l-this		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders.	action?	D1-11-11-1	5b_		X
_	Tax Shelter Transaction?			_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ho ora	anization policit	5c		
	any contributions that were not tax deductible?	-		60		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	r aifte	6a		
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).	••••••	***************************************		46.4	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?			7a	X	,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	,	,	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a parafit and the control of the control			area.		40 H
£	benefit contract?	• • • • • • • • • • • • • • • • • • • •		_7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property did the pro	ract?		7f		X
g h	For contributions of qualified intellectual property, did the organization file Form 8899 as required'	?		7g		
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as re	quired?	7h	unjane.	
-	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeds	ganıza	itions. Did the			
	at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.	• • • • • • • • • •	N/A	8_	Page 1	
а	Did the organization make any taxable distributions under section 4966?		N/A	0-	1111.7.	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9a 9b		
10	Section 501(c)(7) organizations. Enter:			20	Jan S. S	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1 1 1 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
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					
	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	1041	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		3)15	1. 3	

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.

Sec	tion A. Governing Body and Management			*	
				Yes	No
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
	officer, director, trustee, or key employee?	5 111.11 a.r.y 6 2.1161	2		x
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision	·····		
	of officers, directors or trustees, or key employees to a management company or other person?		з		x
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	5		X
6	Does the organization have members or stockholders?	o	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the		22	
	governing body?		7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	enne?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	75		
	by the following:	during the year			
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ahad at the	8b		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ched at the			₹.
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	avonus Codo I	9		X
		everrue Code.)		V	NI-
10a	Does the organization have local chapters, branches, or affiliates?	*	40-	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such	obantara affiliatas	10a		X
			401		l
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing the form?	10b	v	
11A		ing the form?	11	X	August 1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		JANES.	77	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou		12a	X	
~	· · · · ·	iid give rise	401	37	l
С	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Voc II describe	12b	<u>X</u>	
Ū				77	l
13	Daniel Harrison Control of the Contr			X	
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	***************************************	13	X	
15	Did the process for determining compensation of the following persons include a review and approva	d face facilities and the state of the state	14	_X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ıı by independent			
а	The organization's CEO, Executive Director, or top management official			37	
h	Other officers or key employees of the organization		<u>15</u> a	_ <u>X</u> _	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		15b	_X_	40 EU UN 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				
····u				11 y 14	rigarei L
h	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval		16a	X	1.4 4.7
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization				
				in North	
Sec	exempt status with respect to such arrangements? tion C. Disclosure		16b		X
17					
18	List the states with which a copy of this Form 990 is required to be filed PA				
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avail	able for		
	public inspection. Indicate how you make these available. Check all that apply.  X Own website  Another's website  X Upon request				
10					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, containments available to the public	onflict of interest polic	y, and fina	ncial	
20	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records of the orga	nization:		
	EDWARD M. MCGOVERN, DIRECTOR OF ADMINISTRATION - 7 610 NORTH 3RD ST., HARRISBURG, PA 17101	<u> 1 /-214-7920</u>			
	610 NORTH 3RD ST., HARRISBURG, PA 17101			000	

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

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

- 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours			(O Pos	C) ition that	1		(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
EDWARD M. MCGOVERN	25 00									
SECRETARY	35.00	Х		X			ļ .	93,050.	0.	10,669.
R. JOHN DAWES BOARD MEMBER	1 00	٦,							_	
JOHN R. DETWEILER	1.00	X	<u> </u>					0.	0.	0.
BOARD MEMBER & TREASURER	1.00	х		х						_
JOHN G. HARKINS, JR., ESQ.	1.00	Δ.		Λ				0.	0.	0.
BOARD MEMBER	1.00	x								•
DR. JAMES E. JONES	1.00	Δ				<u> </u>		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
K. JOY KAUFMANN,	1.00	22		_				0.		0.
BOARD MEMBER	1.00	х						0.	0.	
DAVID A. LANE								0.	U.	0.
BOARD MEMBER & CHAIR	1.00	$ \mathbf{x} $		х				0.	o <b>.</b>	0.
CHAR MAGARO										<u> </u>
BOARD MEMBER & VICE CHAIR	1.00	Х		X				0.	0.	0.
GARY SOJKA										
BOARD MEMBER	1.00	X						0.	0.	0.
JOSHUA C. WHETZEL III							:			
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ELLIOTT CHURCHVILLE										
BOARD MEMBER	1.00	Х						0.	0.	0.
PHIL GOLDSMITH										
BOARD MEMBER	1.00	X						0.	0.	0.
KATHERINE J. JARRETT										
PRESIDENT	35.00			X	_			114,731.	0.	10,535.
HEATHER SAGE										
VICE PRESIDENT	35.00	-		Х		_		66,655.	0.	<u> 10,759.</u>
THOMAS TUFFEY	25.00									
DIRECTOR - CENTER FOR ENER	35.00					X		106,301.	0.	10,202.
CHARLES MCPHEDRAN	25 00					_		100 50=		
CHAIR OF LAW STAFF PHILA	35.00	$\vdash$				X		102,697.	0.	10,854.

932007 02-04-10

Form **990** (2009)

\$100,000 in compensation from the organization

0

Total number of independent contractors (including but not limited to those listed above) who received more than

-	990 ( r <b>t VII</b>	2009) CITIZ  Statement of Rever	ZENS FOR	PENNSYLV	'ANIA'S FUT	URE	31-1607	866 Page <b>9</b>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d 1d	22,679. 12,375. ,090,359.				
Cor	9 <u>h</u>	Noncash contributions included in lines  Total. Add lines 1a-1f	: 1a-1f: \$		3.125.413.			
Program Service Revenue	2 a	TECHNICAL ASSIS	STANCE	Business Code 900099 900099	338,335. 26,479.	338,335.		The state of the s
rogr	е							
		All other program service reversed. Add lines 2a-2f			364,814.		Eligia de vez con de vez en c	
	3	Investment income (including other similar amounts)	dividends, inter	est, and	28,061.			28,061.
	5	Royalties			-2,064.			-2,064.
	b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real 27,378. 25,018.	(ii) Personal				2,004.
		Net rental income or (loss)			2,360.			2,360.
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses						
		Gain or (loss)						
Other Revenue		Gross income from fundraising including \$ 12,3 contributions reported on line	g events (not 75. of 1c). See		6,349.			6,349.
ther	b	Part IV, line 18	a h	43,566.				
٦	С	Net income or (loss) from fund	Iraising events	<b>&gt;</b>	43,309.	a en de en de 1964 a	elita i merceli organica	43,309.
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns a					
		Less: cost of goods sold  Net income or (loss) from sale:  Miscellaneous Revenue	b s of inventory	<b>&gt;</b>				
	11 a	PACE CONTROLS,	LLC	Business Code 900099	-1,353.			-1,353.
	d	All other revenue						
		Total. Add lines 11a-11d		▶	-1,353.			
932009	12	Total revenue. See instructions.		<b>)</b>	3,566,889.	364,814.	0.	76,662.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

9b, and 10b of Part VIII.  Ints and other assistance to governments and anizations in the U.S. See Part IV, line 21 Ints and other assistance to individuals in a U.S. See Part IV, line 22 Ints and other assistance to governments, anizations, and individuals outside the U.S. In Part IV, lines 15 and 16 Interest and to or for members Impensation of current officers, directors, and key employees Impensation not included above, to disqualified asons (as defined under section 4958(f)(1)) and asons described in section 4958(c)(3)(B) Interest and wages Interest and Interest an	(A) Total expenses  330,664.  1,195,313.  109,412. 118,823.  24,277. 25,225. 29,960.	261,907.  261,907.  1,026,509.  82,841. 97,821.	127,040. 18,265. 14,436.	(D) Fundraising expenses  32,217  41,764  8,306 6,566
anizations in the U.S. See Part IV, line 21 ants and other assistance to individuals in a U.S. See Part IV, line 22 ants and other assistance to governments, lanizations, and individuals outside the U.S. and anizations, and individuals outside the U.S. and IS a	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	32,217 41,764 8,306
ants and other assistance to individuals in a U.S. See Part IV, line 22 ants and other assistance to governments, anizations, and individuals outside the U.S. anizations, and to or for members anization of current officers, directors, stees, and key employees anization not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) anization plan contributions (include section 401(k) a section 403(b) employer contributions) anization and anization and anization and anization anization and anization ani	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
ants and other assistance to governments, panizations, and individuals outside the U.S. and individuals outside the U.S. and individuals outside the U.S. are Part IV, lines 15 and 16 and individuals outside the U.S. are Part IV, lines 15 and 16 and individuals outside the U.S. are Part IV, lines 15 and 16 and individuals outside the U.S. are part IV, lines 15 and 16 and individuals outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, line 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV, lines 17 lines and outside the U.S. are part IV.	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
ants and other assistance to governments, panizations, and individuals outside the U.S. as Part IV, lines 15 and 16 perits paid to or for members perits perits paid to or for members perits perits paid to or for members perits perits perits paid to or for members perits p	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
panizations, and individuals outside the U.S. e Part IV, lines 15 and 16 melits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan contributions (include section 401(k) section 403(b) employer contributions) mer employee benefits proll taxes as for services (non-employees): magement againcounting cobying fessional fundraising services. See Part IV, line 17	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
e Part IV, lines 15 and 16 nefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages usion plan contributions (include section 401(k) l section 403(b) employer contributions) ner employee benefits yroll taxes as for services (non-employees): nagement gal counting obying fessional fundraising services. See Part IV, line 17	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
nefits paid to or for members Impensation of current officers, directors, stees, and key employees Impensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) Inter salaries and wages Ission plan contributions (include section 401(k)) I section 403(b) employer contributions) Inter employee benefits Intervity of services (non-employees): Intervity of services (non-employ	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
mpensation of current officers, directors, stees, and key employees mpensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan contributions (include section 401(k)) a section 403(b) employer contributions) mer employee benefits evroll taxes es for services (non-employees): magement gal counting counting fessional fundraising services. See Part IV, line 17	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
stees, and key employees Inpensation not included above, to disqualified Isons (as defined under section 4958(f)(1)) and Isons described in section 4958(c)(3)(B) Iner salaries and wages Ision plan contributions (include section 401(k) Isection 403(b) employer contributions) Iner employee benefits Isyroll taxes Isons for services (non-employees): Inagement Igal Icounting Igal Iganian	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
mpensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan contributions (include section 401(k) section 403(b) employer contributions) mer employee benefits syroll taxes as for services (non-employees): nagement signal counting services. See Part IV, line 17	1,195,313. 109,412. 118,823. 24,277. 25,225.	1,026,509.  82,841.  97,821.	127,040. 18,265. 14,436.	41,764 8,306
sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B)	109,412. 118,823. 24,277. 25,225.	82,841. 97,821. 23,926.	18,265. 14,436.	8,306
sons described in section 4958(c)(3)(B) ner salaries and wages usion plan contributions (include section 401(k) l section 403(b) employer contributions) ner employee benefits yroll taxes as for services (non-employees): nagement gal counting obying fessional fundraising services. See Part IV, line 17	109,412. 118,823. 24,277. 25,225.	82,841. 97,821. 23,926.	18,265. 14,436.	8,306
ner salaries and wages usion plan contributions (include section 401(k) section 403(b) employer contributions) her employee benefits yroll taxes es for services (non-employees): nagement gal counting byying fessional fundraising services. See Part IV, line 17	109,412. 118,823. 24,277. 25,225.	82,841. 97,821. 23,926.	18,265. 14,436.	8,306
usion plan contributions (include section 401(k) section 403(b) employer contributions) her employee benefits yroll taxes es for services (non-employees): nagement gal counting byying fessional fundraising services. See Part IV, line 17	109,412. 118,823. 24,277. 25,225.	82,841. 97,821. 23,926.	18,265. 14,436.	8,306
section 403(b) employer contributions) ner employee benefits yroll taxes es for services (non-employees): nagement gal counting byying fessional fundraising services. See Part IV, line 17	24,277. 25,225.	97,821. 23,926.	14,436.	
ner employee benefits  yroll taxes es for services (non-employees): nagement gal counting byying fessional fundraising services. See Part IV, line 17	24,277. 25,225.	97,821. 23,926.	14,436.	
yroll taxes es for services (non-employees): nagement gal counting obying fessional fundraising services. See Part IV, line 17	24,277. 25,225.	97,821. 23,926.	14,436.	
es for services (non-employees): nagement gal counting obying fessional fundraising services. See Part IV, line 17	24,277. 25,225.	23,926.		6,566
nagement  pal  counting  bying  fessional fundraising services. See Part IV, line 17	25,225.		0.54	
gal	25,225.		254	
counting  bbying fessional fundraising services. See Part IV, line 17	25,225.			
obying			351.	
fessional fundraising services. See Part IV, line 17	49,900.	7,567.	17,658.	
			29,960.	
estment management fees	0 034			
ner	9,934. 411,182.	206 772	9,934.	
vertising and promotion	29,195.	396,773.	12,290.	2,119
ice expenses	138,393.	16,150.	9,005.	4,040
ormation technology		109,939.	14,450.	14,004
valties	00,000.	/1,403.	5,147.	11,390
cupancy	107 214	96 196	1 4 4 5 4	
				6,574
	103,402.	130,169.	5,325.	7,988
	6 602		6 600	
	17 298	11 716	0,602.	
,	11,200	14,/40.	4,554.	
preciation, depletion, and amortization	38 711	28 302	7 002	2 226
· · · · · · · · · · · · · · · · · · ·			7,093.	3,226
er expenses, Itemize expenses not covered		J#,/J⊥•		
ve. (Expenses grouped together and laheled				
enses shown on line 25 below )				
SEARCH AND OTHER	18 813	18 813		
				274
	0,010.	0,002.		274
other expenses				
	2.911 21/	2 111 511	221 100	120 460
	<u> </u>	<u>4,441,044.</u>	331,104.	138,468.
	primation technology yalties cupancy vel yments of travel or entertainment expenses any federal, state, or local public officials inferences, conventions, and meetings erest yments to affiliates preciation, depletion, and amortization urance er expenses. Itemize expenses not covered ve. (Expenses grouped together and labeled cellaneous may not exceed 5% of total enses shown on line 25 below.) ESEARCH AND OTHER EDEO PROJECT JES AND SUBSCRIPTIONS  other expenses al functional expenses. Add lines 1 through 24f at costs. Check here   98-2. Complete this line only if the organization orted in column (B) joint costs from a combined cational campaign and fundraising solicitation.	primation technology yalties  cupancy vel 107,214.  Interpretation technology yalties  cupancy vel 163,482.  Interpretation technology yalties  Interpretation t	primation technology yalties    Supancy   107,214.    86,186.	### Semantion technology   88,000.   71,463.   5,147.

Part	X	Bal	ance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,272,199.	1	2,936,641.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,500.		8,650.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee of Schedule L					
	6	Receivables from other disqualified persons (as		5			
		4958(f)(1)) and persons described in section 495					
	-7	Part II of Schedule L	• • • • • • • • •			6	
Assets	7	Notes and loans receivable, net	• • • • • • • • • •			7	
ASS	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges			47,998.	9	47,496.
İ	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		978,937.			
		Less: accumulated depreciation		388,676.	607,877.	10c	590,261.
- 1	11	Investments - publicly traded securities			757,058.	11	871,609.
	12	Investments - other securities. See Part IV, line 1	1		29,769.	12	28,416.
ļ	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,385.	15	8,447.
	16	Total assets. Add lines 1 through 15 (must equa	al line :	4)	3,732,786.	16	4,491,520.
	17	Accounts payable and accrued expenses		242,293.	17	283,462.	
	18	Grants payable			18	200,102.	
	19	Deferred revenue		11,810.	19	14,021.	
	20	Tax-exempt bond liabilities				20	11,021
S	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
Ĕ	22	Payables to current and former officers, director	s, trus	ees, kev emplovees.			
Liabilities		highest compensated employees, and disqualified of Schedule L	ed per	ons. Complete Part II			
	23	Secured mortgages and notes payable to unrela	tad th	d partice		22	
	24	Unsecured notes and loans payable to unrelated	t third	ortice		23	
	25	Other liabilities. Complete Part X of Schedule D	ı umu	Jaines		24	
	26	Tatal (intelligence Andrews 47 (1 1.00		l l	254,103.	25	207 402
		Organizations that follow SFAS 117, check he		X and complete	434,103.	26	297,483.
က္က		lines 27 through 29, and lines 33 and 34.		and complete			
ဦ	27				2 (10 201		
<u>aa</u>		Unrestricted net assets Temporarily restricted net assets		••••••	2,610,281.	27	2,995,842.
	29				727,058.	28	1,045,681.
Ĕ   Î		Organizations that do not follow SFAS 117, ch			141,344.	29	152,514.
Net Assets or Fund Balances		complete lines 30 through 34.					
je	30	Capital stock or trust principal, or current funds				30	
AS	31	Paid-in or capital surplus, or land, building, or eq	uipme	t fund		31	
<u>e</u>	32	Retained earnings, endowment, accumulated inc	come,	or other funds		32	
z	33	Total net assets or fund balances	******		3,478,683.	33	4,194,037.
	34	Total liabilities and net assets/fund balances			3,732,786.	34	4,491,520.

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

Dort I	Posson	CITIZEN	S FOR PENNSY	LVANI	A'S F	UTURE	<u> </u>		31	<u>-1607</u>	866	
Part I			<b>ity Status</b> (All organiz					tructions.				
1 1			because it is: (For lines 1									
1 🖳			s, or association of chur			ection 170	)(b)(1)(A)(i)	).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4 📖			operated in conjunction	with a hos	pital desci	ribed in se	ection 170	(b)(1)(A)(iii	). Enter the	e hospital	's name	e,
	city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5 🔲				niversity o	wned or op	perated by	a governi	mental unit	described	i in		
. $\Box$	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 <u> </u>	, , , , , , , , , , , , , , , , , , ,											
7 [X]				of its supp	ort from a	governme	ental unit c	or from the	general pu	ıblic desc	ribed ir	1
。		b)(1)(A)(vi). (Comple		<b>'</b> O	<b>5</b>							
9			ection 170(b)(1)(A)(vi).									
9 🗀	An organizati	tod to its success to	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembership	fees, and	gross red	eipts f	rom
	income and	realisted business t	nctions - subject to certa	ıın excepti	ons, and (2	2) no more	e than 33 1	1/3% of its	support fr	om gross	investr	ment -
			axable income (less sect	uonsiita	ix) from bu	sinesses	acquired b	y the orga	nization aff	ter June 3	0, 197	5.
10		509(a)(2). (Complete ion organized and or	perated exclusively to te	ot for publ	ia aafatu C	200ti	F00(-\/.	• >				
11			perated exclusively for the									
	more publicly	/ supported organiza	ations described in section	on 500/a//	or, to perio	on FOO(a)/	O Coo	or to carry	out the p	urposes c	t one c	or
	describes the	e type of supporting	organization and comple	oto linge 1:	1, or secure	, 11h	z). See Set	3000 509(8	<b>1)(3).</b> Oned	k the box	tnat	
	a Type		<b>–</b>	тур	-		tearsted		d .	Type III - (	\thor	
е 🔲			at the organization is not					r more diec				_
	foundation m	nanagers and other t	han one or more publicly	v supporte	d organiza	tions des	cribed in s	ection 500	(a)(1) or se	ction 500	(a)(9)	•
f			ten determination from t						(4)(1) 01 36	iction 50s	(a)(Z).	
			nis box									
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny aift or c	ontribution	from anv	of the follo	owing ners	?		•••••	
			lirectly controls, either al								Yes	No
			upported organization?							11g(i)	103	110
•	(ii) A family	member of a persor	n described in (i) above?						**************	11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?			•••••••••••••••••••••••••••••••••••••••		11g(iii)		-
h	Provide the f	ollowing information	about the supported or	ganization	(s).		••••••				·	
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) is	the	(vii) An	nunt of	f
orga	anization		organization (described on lines 1-9	in col. (i) lis	sted in your	organiza	tion in col.	organization in col.		sup		
			above or IRC section	governing	document?	(i) of you	r support?	U.S.		•	'	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				18 1 × 14								
<b>-</b>							1					
Total		<u> </u>			1		<u> </u>					
LHA For F	rivacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for			Schedule	A (Form	990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2702281. 1824328. 3555711. 2189939. 3125413.13397672. 2 Tax revenues levied for the organization'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 Total. Add lines 1 through 3 1824328. 3555711. 2702281 2189939. 3125413.13397672. The portion of total contributions 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) 8232570. 6 Public support. Subtract line 5 from line 4 5165102. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 ..... 1824328 3555711 2702281 2189939 3125413.13397672. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 78,835. 115,272. 172,957. 101,555. 52,022. 520,641. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 8,509 8,509. 11 Total support. Add lines 7 through 10 13926822 12 Gross receipts from related activities, etc. (see instructions) 12 959,973 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ...... 37.09 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 40.08 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\rightarrow X$ b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

7							
Part III Support	or 990-EZ) 2009 t Schedule for O	rganizations	Described in	Section 509(a	)(2) (Complete only	if you phanked the ho	Page 3
Section A. Public	Support				7 Complete only	n you checked the bo	x on line 9 of Part
Calendar year (or fisca	al year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, con	tributions, and			(0) 200.	(u) 2000	(e) 2003	(i) i Otai
membership fees	received. (Do not						
include any "unu:	sual grants.")						
2 Gross receipts from merchandise solo formed, or facilitie any activity that is organization's tax	d or services per- es furnished in						
3 Gross receipts fro							
are not an unrela							
iness under secti	on 513						
4 Tax revenues levi	ied for the organ-						
ization's benefit a	-						
or expended on i							
5 The value of serv	ices or facilities						
furnished by a go	vernmental unit to						
the organization v							
6 Total. Add lines 1	through 5						
7a Amounts include							
3 received from d	lisqualified persons						
b Amounts included on li from other than disqual exceed the greater of \$	lified persons that						
amount on line 13 for the	ne year						
8 Public support (S					i i i Valori (O taji ka 1974)	TRUE TRUE TO THE RESERVENCE	
Section B. Total	Support	401-7-87-78-11-41-5-11	Table Strategies (Mail Dates) (19)				
Calendar year (or fisca		(-) 000E	# \ 0000		T		
9 Amounts from line	· · · · · ·	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a Gross income fro dividends, payme securities loans, r	m interest, ents received on						
<b>b</b> Unrelated business	taxable income						
(less section 511 ta	xes) from businesses						
acquired after June							
c Add lines 10a and	d 10b						
11 Net income from activities not inclusive whether or not the regularly carried of	unrelated business uded in line 10b, e business is						
12 Other income. Do or loss from the s assets (Explain in	not include gain ale of capital Part IV.)						
13 Total support (Add II							
14 First five years. I	f the Form 990 is for t	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box ar	d stop here						
Section C. Comp	utation of Public	s Support Pe	rcentage				

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%			
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	9/			
Section D. Computation of Investment Income Percentage					
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9/			
. 18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%			
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					

Schedule A (Form 990 or 990-EZ) 2009

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2009

Name of the organizati	on	Employer identification number
	CITIZENS FOR PENNSYLVANIA'S FUTURE	31-1607866
Organization type (chec	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 foundation	
	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	
Check if your organization Note. Only a section 50	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ial Rule. See instructions.
General Rule		
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more mplete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution o on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e regulations under sections f the greater of (1) \$5,000 or (2) 2%
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or ributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lite of cruelty to children or animals. Complete Parts I, II, and III.	contributor, during the year, rary, or educational purposes, or
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the <b>General Rule</b> applies to this organization beca able, etc., contributions of \$5,000 or more during the year.	ot aggregate to more than \$1,000.  lusively religious, charitable, etc.,  use it received nonexclusively
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on a filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	dule B (Form 990, 990-EZ, or 990-PF), line 2 of its Form 990-PF, to certify
LHA For Privacy Act a		dule B (Form 990, 990-EZ, or 990-PF) (2009)

### CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE PEW CHARITABLE TRUST  2005 MARKET STREET, SUITE 1700  PHILADELPHIA, PA 19103-7077	\$600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	HOWARD HEINZ FOUNDATION  30 CNG TOWER, 625 LIBERTY AVENUE  PITTSBURGH, PA 15222	\$975,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	WILLIAM PENN FOUNDATION TWO LOGAN SQUARE, 100 N. 18TH STREET, 11TH FLOOR PHILADELPHIA, PA 19103	\$544,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	KEITH CAMPBELL FOUNDATION  410 SEVERN AVENUE, SUITE 210  ANNAPOLIS, MD 21403	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ENERGY FOUNDATION  1012 TORNEY AVENUE #1  SAN FRANCISCO, CA 94129	\$372,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02.0		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

## CITIZENS FOR PENNSYLVANIA'S FUTURE

31-1607866

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. From	(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. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	

of

ame or orgai	nization	Employer identification number	
ITIZEI Part III	more than \$1.000 for the year. Complete of	ividual contributions to section	n 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing
	Part III, enter the total of exclusively religiou \$1,000 or less for the year. (Enter this infor	s, cnaritable, etc., contributions mation once. See instructions )	of \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and	_	Relationship of transferor to transferee
a) No. from	(b) Dumon of sift		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of org					loyer identification number
Day I A	CITIZEN	S FOR PENNSYLVA	<u>NIA'S FUTURE</u>	3	31-1607866
Part I-A		ganization is exempt un			organization.
1 Provide	a description of the organiz	zation's direct and indirect polit	ical campaign activities	s in Part IV.	
2 Politica	l expenditures	•••••			3
3 Volunte	er hours			•••••	
Part I-B	Complete if the org	ganization is exempt un	der section 501(c	)(3)	
1 Enter th	ne amount of any excise tax	incurred by the organization ur	nder section 4955	<b>&gt;</b> \$	S
2 Enter th	ne amount of any excise tax	incurred by organization mana	gers under section 495	i5▶\$	3
3 If the o	rganization incurred a section	on 4955 tax, did it file Form 4720	0 for this year?	•••••	Yes No
4a was a	correction made?			•••••	Yes No
DIII TES,	describe in Part IV.	ganization is exempt un			
4 Enter ti	Complete ii the oig	Janization is exempt un	der section 501(c	), except section 501	(c)(3).
O Enter ti	e amount directly expended	d by the filing organization for s	ection 527 exempt fun	ction activities > \$	
2 Liller li	te amount of the ming organ	nization's funds contributed to c	other organizations for	section 527	
3 Total e	compt function expenditures	s. Add lines 1 and 2. Enter here			S
4 Did the	filing organization file Form	1120 DOL for this year?			
5 Enter th	ne names addresses and er	<b>1120-POL</b> for this year? nployer identification number (E	EINI) of all postion 507 -		Yes No
For eac	h organization listed, enter t	the amount paid from the filing	organization's funds. A	ionitical organizations to which	on payments were made.
that we	re promptly and directly del	ivered to a separate political org	ganization such as a se	enarate segregated fund or	a political action assemitted
(PAC).	f additional space is needed	d, provide information in Part IV		opulate eoglegated land of	a political action committee
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(a) Amount of a slitical
	• •	(2)/100.000	(0) 2111	filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
				: 	

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990 EZ) 2009  Part II-A Complete if the or	ganization is exer	OR PENNSYLV	ANIA'S FUTU n 501(c)(3) and fil	RE 31-1 ed Form 5768	607866 Page 2
(election under see					
	ation belongs to an affil				
B Check ► if the filing organization	ation checked box A ar	nd "limited control" pro	visions apply.		
Lim (The term "expen	its on Lobbying Exper	nditures nts paid or incurred.)	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to inf	28,583.				
b Total lobbying expenditures to inf	luence a legislative boo	ly (direct lobbying)		66,133.	
c Total lobbying expenditures (add	lines 1a and 1b)	***************************************		94,716.	
d Other exempt purpose expenditure	res			2,816,498.	
e Total exempt purpose expenditur	es (add lines 1c and 1d	)	•••••	2,911,214.	
f Lobbying nontaxable amount. En		following table in bot	h columns.	295,561.	
If the amount on line 1e, column (a)		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grasgroots pontovoble amount (s	-t 050/ -515 40				
<ul><li>g Grassroots nontaxable amount (e</li><li>h Subtract line 1g from line 1a. If ze</li></ul>	,		•••••	73,890.	
i Subtract line 1f from line 1c. If zer	0.				
j If there is an amount other than ze		ing ti did the average		0.	
reporting section 4911 tax for this	0			Г	<b>–</b>
and the same		raging Period Under	Section 501/h)	L	Yes No
(Some organi	zations that made a se olumns below. See the	ection 501(h) election	n do not have to comp	olete all of the five age 4.)	
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	277,253.	274,735.	280,072.	295,561.	1,127,621.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,691,432.
c Total lobbying expenditures	70,994.	181,130.	130,782.	94,716.	477,622.
d Grassroots nontaxable amount	69,313.	68,684.	70,018.	73,890.	281,905.
e Grassroots ceiling amount (150% of line 2d, column (e))					422,858.
f Grassroots lobbying expenditures	10,230.	19,254.	13,183.	28,583.	71,250.

Schedule C (Form 990 or 990-EZ) 2009 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)).

		(:	a)	(b)	
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i		THATE		
2a	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			14 15 L. HELLT D. S. C.	
С	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?		Pp + 1.75 / P + 10.5		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	I The all the beauties.
	501(c)(6).		(-),		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	••••••	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		9		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes,"	art III-A, li	ne 3 is a	nswered	I
1					
2	Dues, assessments and similar amounts from members	•••••	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the positive 507(a)	ical			
_	expenses for which the section 527(f) tax was paid).		19457		
	Current year		<u>2</u> a		
b		••••••	2b		
C	***************************************		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•••••	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount of the exceeds the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
_	expenditure next year?		4		
5 <b>D</b> 0	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Also	, complete	this part
tor a	ny additional information.				
	·				

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

Employer identification number

D-	CITIZENS FOR PENNSYLVANIA'S FUTURE		31-1607866
Par		ds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad		1.
6	are the organization's property, subject to the organization's exclusive legal control?	*************	Yes No
O	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can i		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes		
Da	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or pleasure)	historicall	y important land area
	Protection of natural habitat Preservation of a c	ertified his	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a co	nservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	l	2a
b	Total acreage restricted by conservation easements	*********	2b
c	Number of conservation easements on a certified historic structure included in (a)	***********	2c
d		***********	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the ergen	
•	year	ule organ	ization during the tax
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	_	
6			Yes I No
7	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements		
	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri	ng the ye	ar ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1		
_	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIV, describe how the organization reports conservation easements in its revenue and exper	nse staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describe	es the org	ganization's accounting for
De	conservation easements.  rt III Organizations Maintaining Collections of Art. Historical Treasures, or		
Pal		Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and	balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public ser	vice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and bal	ance she	et works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public serv	ice, provi	de the following amounts relating to
	these items:	•	33
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	cial dain	provide
	the following amounts required to be reported under SFAS 116 relating to these items:	oiai yairi,	hiovide
а			<b>•</b> •
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	•••••	ф
n	Assets included in Form 990, Part X		<b>&gt;</b> \$

	edule D (Form 990) 2009 CITIZEN	S FOR PENN	SYLVANIA'S	FUTUR	E	3.	1-16	0786	6 Р	ane 2	
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Historical Tr	easures.	or Oth	er Similar	Asse	ts (cont	inued	uge =	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following th	at are a	significant us	e of its	collection	n item	<u> </u>	
	(check all that apply):		, , , , , , , , ,		ar aro a	o.gr.moart ao	0 01 113	CONGCLIO	, item	3	
а	Public exhibition	c	Loan or exc	hange progr	ame						
b	Scholarly research	-									
С	Preservation for future generations	_									
4		ollections and explai	n how they further t	he organizat	ion's ov	omnt numae	- i- D	L V/N /			
5	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's or	alication?	iei Siitilia	ar assers	F	٦.,		٦	
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if organization a	newored "Ve	to Го	·····	L	_ Yes		<u> No</u>	
	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod		diany for contribution	o or other a		* t l l l					
	on Form 990, Part X?	ian or other intermet	nary for contribution	is or other a	ssets no	ı iücinaea		٦		٦.	
b	If "Yes," explain the arrangement in Part XIV	and complete the fe	llowing table:	••••••	• • • • • • • • • • • • • • • • • • • •			」Yes		J No	
	To an arrangement are Arv	and complete the ic	mowing table:								
С	Beginning balance							Amount	[		
d		•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1c				<del></del>	
e	Additions during the year		•••••	•••••	• • • • • • • • • • • • • • • • • • • •	1d	<del></del>				
f	Distributions during the year		••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	<u>1e</u>					
-	Ending balance				• • • • • • • • • • • • • • • • • • • •	1f				<del>-</del>	
h	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIV.	omi 990, Part X, line	21?	•••••				Yes		No	
Pai	t V Endowment Funds. Complete i	f the organization an	Suggest IIVII to F.								
	Complete										
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) I wo yea	rs back	(d) Three yea	rs back	<b>(e)</b> Four	years	back	
b	Contributions		1,054,387.								
C	Net investment earnings, gains, and losses	37,368.									
d	Grants or scholarships	68,932.	-202,083.								
e	Other expenditures for facilities										
f		0 024	0 000								
f	Administrative expenses	9,934.	<u>8,997.</u>								
g 2		1,076,359.	979,993.		Literati						
	Provide the estimated percentage of the year										
a b	Board designated or quasi-endowment Permanent endowment		_%								
C		%									
_		%									
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	ered for t	the organizati	on	Г			
	(i) unrelated organizations								Yes	No_	
			•••••	•••••		•••••		3a(i)		_X_	
b	(ii) related organizations		•••••					3a(ii)		_X_	
4	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?	•••••				_3b			
	Describe in Part XIV the intended uses of the tVI Investments - Land, Building	organization's endo	wment funds.								
					10.						
	Description of investment	(a) Cost or o	, , ,		٠.	ccumulated preciation		(d) Book	: value	9	
1a	Land			0,000.				70	0,00	00	
b	Buildings			3,356.		108,194			$\frac{5,0}{5,1}$		
С	Leasehold improvements			- , 550.		<u> </u>	•	+ 0 €	<u>, , ⊥ (</u>	<u> </u>	
	Equipment										
	Other		33	5,581.		280,482	, —		5 0	0 0	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (R) line 1	0(c))		<u>200,402</u>	1 •		5,09 0,20		
			7, 1170 7	-19/1					<i>, ,</i> 4	∪ . <b>L</b> •	

Schedule D (Form 990) 2009

1 1 1 1

Schedule D (Form 990) 2009

	t XI Reconciliation of Change in Net Assets from Form 990 to	S FUT	URE	10+-1	31-	<u> 1607866</u>	Page 4
1	Total design of the control of the c				ement		
2		• • • • • • • • • • • • • • • • • • • •	1			3,566	
3	Total expenses (Form 990, Part IX, column (A), line 25)	• • • • • • • • • • • • • • • • • • • •	2			2,911	
4	Excess or (deficit) for the year. Subtract line 2 from line 1	• • • • • • • • • • • • • • • • • • • •	3				,675.
5	Net unrealized gains (losses) on investments	• • • • • • • • • • • • • • • • • • • •	4			59	<u>,679.</u>
6	Donated services and use of facilities		<u>5</u>				
7	Investment expenses	• • • • • • • • • • • • • • • • • • • •	<u>6</u>	_			
8	Prior period adjustments  Other (Describe in Part VIV)		7				
9	Other (Describe in Part XIV.)		8				
10	Total adjustments (net). Add lines 4 through 8		<u>9</u>	_			<u>,679.</u>
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at XII Reconciliation of Revenue per Audited Financial Statements.	and 9	h Povonus	nor E	20411111	715	<u>,354.</u>
1	T-1-1						150
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1	3,695	, 152.
а.	Net unrealized gains on investments		F 0	C70			
b	Donated services and use of facilities	2a	59,	<u>679.</u>	-		
c	Recoveries of prior year grapts	2b					
d	Recoveries of prior year grants  Other (Describe in Part XIV.)	2c					
	Other (Describe in Part XIV.)	2d					
3	Add lines 2a through 2d Subtract line 2a from line 1		•••••		2e	59,	<u>,679.</u>
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		•••••		3	3,635	<u>,473.</u>
· a	Investment expenses not included on Form 990, Part VIII, line 7b	1 - 1					
b	Other (Describe in Part VIV.)	4a		F 0 4			
	Other (Describe in Part XIV.) Add lines 4a and 4b		-68,				
5				•••••	4c		,584.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XIII Reconciliation of Expenses per Audited Financial Stater	nonto Mi	th Comme		5	3,566	<u>,889.</u>
1	Total expenses and losses per audited financial statements	nents w	ıııı Expense	s per	T T		=
2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	••••••	• • • • • • • • • • • • • • • • • • • •	•••••	1	<u>2,979</u>	<u>,798.</u>
a		1 _ 1					
b	Donated services and use of facilities	2a					
C	Prior year adjustments Other losses	2b					
d	Other (Describe in Part VIV.)	2c		<del></del>			
	Other (Describe in Part XIV.)	2d	68,	584.			
3	Add lines 2a through 2d	••••••	• • • • • • • • • • • • • • • • • • • •		2e		<u>,584.</u>
4	Subtract line 2e from line 1	•••••			3	2,911,	<u>.214.</u>
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
-	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)						
		4b					
	Add lines 4a and 4b			•••••	4c		0.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information				5	2,911,	214.
X, lin	polete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con	nplete this r	part to provide	any ado	lanoitic	information	4; Part
PAI	RT V, LINE 4: ENDOWMENT IS INTENDED AS A I	LONG T	ERM INV	ESTM	ENT	PLAN	
TO	PRODUCE A SUSTAINABLE SOURCE OF INCOME TO	O SUPP	ORT PRO	GRAM	ΓΤ <u>ΑΜ</u>	TC -	
z ~-							
AC'.	TIVITIES.						
G G T							
SCI	<u> IEDULE D PAGE 4 PART XII , LINE 4B AND PAI</u>	RT XII	I LINE	2B			
THE	ORGANIZATION DOES NOT REPORT NET RENTAL	INCOM	E OR DI	RECT	FUN	DRAISIN	1G
EXI	ENSES ON ITS FINANCIAL STATEMENT. \$68,584						
93205						le D (Form 99	90) 2009
02-01-	10						

k b g

Schedule D (F	orm 990) Suppler	2009 mental Info	CITIZENS F ormation (continued)	OR PEN	<u>NSYLVAN</u>	IA'S FU'	<u>rure</u>	31-1607866 Page 5
	uppiei	nemai mio	iniation (continued)	·				
RENTALS	AND	DIRECT	FUNDRAISING	REDUC	ED BOTH	INCOME	AND	EXPENSES.
				·				
							-	
		· · · · · · · · · · · · · · · · · · ·					<del></del>	

Schedule D (Form 990) 2009

s 4 1 8

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions

OMB No. 1545-0047

Open To Public Inspection

Name of the organization	A TOTAL SOUR LE L'ALTE CONTROL DE L'ALTE CONTROL	.Z 0	ee 50	eparate mstructions	<u>.                                    </u>		ntification number
CITIZEN	IS FOR PENNSYLVANIA	.'S 1	FUT	'URE		31-1607	
	- Complete if the organization answer				ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of r tion of of fundrai (includ rofessio	non-g gover ising ing o	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	No De
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) I fundra have cu or contr contribu	stody rol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Tatal							-
Total 3 List all states in which the organization	on is registered or licensed to solicit f	unds o	r has	been notified it is ex	empt	from registration	on or licensing.
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.		chedule G (Forn	1 990 or 990-EZ) 2009

932082 02-03-10

administer charitable gaming?

11 Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2009

11

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

<u>Sch</u>	nedule G (Form 990 or 990-EZ) 2009 CITIZENS FOR PENNSYLVANIA'S FUTURE 31-16	078	66	Pa	ide 3
				es	No
	Indicate the percentage of gaming activity operated in:				
6		%			
k	o An outside facility	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Manua N				
	Name	- 1000			
	Address ►				
	Address	-			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			14.5	
	- 200 and organization receives garning revenue?	. 15	1		The New
k	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
c	of "Yes," enter name and address of the third party:				
	Name				
		-			
	Address >				
16	Gaming manager information:				
	Nama 🏲				
	Name	-			
	Gaming manager compensation > \$				
	Description of services provided				
		-   ] [ ]			
		- 130			
		•			
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
ē	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	178	1		
t	e Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year ▶ \$				

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31 – 1607866

51 1007000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENFORCE ENVIRONMENTAL LAWS AND ADVOCATE FOR THE TRANSFORMATION OF
PUBLIC POLICY, PUBLIC OPINION AND THE MARKETPLACE TO RESTORE AND
PROTECT THE ENVIRONMENT AND SAFEGUARD PUBLIC HEALTH. PENNFUTURE
ADVANCES EFFECTIVE SOLUTIONS FOR THE PROBLEMS OF POLLUTION, SPRAWL AND
GLOBAL WARMING; MOBILIZES CITIZENS; CRAFTS COMPELLING COMMUNICATIONS;
AND PROVIDES EXCELLENT LEGAL SERVICES AND POLICY ANALYSIS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PENNFUTURE ADVANCES EFFECTIVE SOLUTIONS FOR THE PROBLEMS OF POLLUTION,
SPRAWL AND GLOBAL WARMING; MOBILIZES CITIZENS; CRAFTS COMPELLING
COMMUNICATIONS; AND PROVIDES EXCELLENT LEGAL SERVICES AND POLICY
ANALYSIS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORT A NEARLY \$1 BILLION BOND ISSUE FOR ENVIRONMENTAL FUNDING; SAVED
WATER AND STREAMS, PARKS AND UNDEVELOPED PRISTINE AREAS AROUND THE
STATE. THE ORGANIZATION ALSO PROVIDES EDUCATIONAL AND TECHNICAL
ASSISTANCE TO BUSINESSES, OTHER NOT-FOR-PROFITS AND INDIVIDUALS TO
DEVELOP AN ENVIRONMENTALLY SENSITIVE AND PROSPEROUS ECONOMY.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS INDIVIDUAL
MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC DRAFT OF THE FORM 990

WAS CIRCULATED TO THE BOARD OF DIRECTORS FOR REVEIW AND APPROVAL. A

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

Schedule O (Form 990) 2009

#### SCHEDULE O

(Form 990)

(i ) e

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31-1607866

MAJORITY OF THE BOARD MEMBERS WERE REQUIRED TO REVIEW AND APPROVE THE RETURN. WRITEN COMMENTS AND QUESTIONS REGARDING THE RETURN, IF ANY, AND APPROVAL WERE SENT TO THE PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN

A DOCUMENT STATING THAT THEY HAVE NO CONFLICTS OF INTEREST WITH THE

ORGANIZATION AND OUTSIDE PARTIES THAT WOULD DIMINISH THEIR CAPACITY TO

SERVE. THIS HAS BEEN PERFORMED ON AN ANNUAL BASIS.

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 COMMITMENT TO ENVIRONMENTAL
PROTECTION AND RECOGNIZE THAT PENNFUTURE, AS A NONPROFIT 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 SENIOR STAFF 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 SENIOR STAFF ARE THEN APPROVED
BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: ANY MEMBER OF THE GENERAL PUBLIC

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

Schedule O (Form 990) 2009

932211

932210

#### SCHEDULE O

(Form 990)

S 4 6 6

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization  CITIZENS FOR PENNSYLVANIA'S FUTURE	Employer identification number 31-1607866			
MAY APPEAR AT THE ORGANIZATIONS OFFICES AND REQUEST TO IN	SPECT COPIES OF:			
- GOVERNING DOCUMENTS				
- CONFLICT OF INTEREST POLICY				
- FORM 990				
- FINANCIAL STATEMENTS				
IN ADDITION SOME OF THE INFORMATION IS AVAILABLE ON THE O	RGANIZATIONS			
	·			
FORM 990, PART VI, SECTION B, LINE 16B.				
JOINT VENTURES AND SIMILAR ARRANGEMENTS				
THE ORGANIZATION IS IN THE PROCESS OF INSTITUTING A JOINT	VENTURE			
REVIEW POLICY IN ORDER TO SAFEGUARD ASSETS AND TAX EXEMPT	STATUS OF THE			
ORGANIZATION.				

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property) ▶ See separate instructions.

Attach to your tax return.

990

OMB No. 1545-0172 Sequence No. **67** 

Form 4562 (2009)

Name(s) shown on return Business or activity to which this form relates

CITIZENS FOR PENNSYLVANIA'S FUTURE FORM 990 PAGE 10 31-1607866 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 800,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instruction 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 36,531 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ...... Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 3-year property 19a b 5-year property 10,620 YRS. HY  $\mathtt{SL}$ 1,062. С 7-year property 10,474 YRS. HY 748. ď 10-year property 15-year property f 20-year property 25-year property q 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L 07/09 15,055 39 yrs. MM S/L 370. Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 38,711. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

LHA For Paperwork Reduction Act Notice, see separate instructions.

٠.	٠.	• •	···		.02	-	<u>,                                    </u>	,,,	٧,
-	J	_	2	- 1	,	Τ		:-	Ξ.

11 0 3 C

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

Yes No (i) Elected section 179 cost
(i) Elected section 179
Elected section 179
etion for
Vehicle
VOINGIG
Yes No
e than 5%
Yes No
<b>(f)</b> rtization nis year

Form 4562 (2009)

#### Form **8868**

а ор 🤅

(Rev. January 2011) Department of the Treasury

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

File a separate application for each return

OMB No. 1545-1709

Internal Rev	enue Service	► File a se	oarate app	lication for each return.			
• If you	are filing for an Aut	omatic 3-Month Extension, compl	ete only Pa	art I and check this box			<b>X</b>
• If you	are filing for an Ado	litional (Not Automatic) 3-Month F	xtension o	complete only Part II (on page 2 of this	form)	··············	
Do not o	complete Part II un	less you have already been granted	an automa	atic 3-month extension on a previously fi	ioninj.	rm 0060	
Electron	ic filina (e-file). Ya	u can electronically file Form 8868 i	vou need:	a 3-month automatic extension of time t	a fila (f	iiii 0000. S mantha far a carn	aration
required	to file Form 990-T)	or an additional (not automatic) 3-m	onth extend	sion of time. You can electronically file F	o me (	o months for a corp	oration
of time to	o file any of the form	as listed in Part I or Part II with the e	veention of	sion of time. You can electronically file F Form 8870, Information Return for Trar	orm 8	868 to request an e	extension
Personal	Benefit Contracts	which must be sent to the IRS in na	ner format	(see instructions). For more details on t	isters /	Associated With Ce	ertain 
visit www	v.irs.gov/efile and c	lick on e-file for Charities & Nonprofi	te	(366 matructions). For more details on t	ne elec	strome ming or this	TOTTI,
Part I		c 3-Month Extension of Tim		ibmit original (no copies peodod)		· · · · · · · · · · · · · · · · · · ·	
A corpor	ation required to file	Form 990-T and requesting an aut	omatic 6-mo	onth extension - check this box and con	nlete		
Part I on					•	_	
All other to file inc	corporations (includence) come tax returns.	ding 1120-C filers), partnerships, RE	MICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	· L
Type or	Name of exemp	t organization			Emp	loyer identification	n number
print	CTMTZEMO		G DITTE				
File by the		FOR PENNSYLVANIA			3	<u>1-1607866</u>	
due date for filing your		and room or suite no. If a P.O. box, 'H THIRD STREET	see instruc	tions.			
return. See instructions		est office, state, and ZIP code. For a	foreign add	trace con instructions			
		RG, PA 17101-1113		ness, see instructions.			
Enter the	Return code for th	e return that this application is for (f	ile a separa	te application for each return)	•••••		0 1
Applicat	ion		Return	Application			Return
Is For			Code Is For				Code
Form 990	0		01	Form 990-T (corporation)		07	
Form 990	0-BL		02	Form 1041-A		08	
Form 990	0-EZ		03	Form 4720		09	
Form 990	0-PF		04	Form 5227		10	
Form 990	0-T (sec. 401(a) or 4	-08(a) trust)	05	Form 6069		11	
	0-T (trust other than		06	Form 8870	12		
		EDWARD M. MCGO			TRA	TТОМ	12
• The b	ooks are in the care			HARRISBURG, PA 1710	1		
	hone No.▶ <u>717</u>			FAX No. ▶			
• If the	organization does r	not have an office or place of busine	ss in the Ur	nited States, check this box			· 🗆
<ul><li>If this</li></ul>	is for a Group Retu	ırn, enter the organization's four digi	t Group Exe	emption Number (GEN) . If th	is is fo	r the whole group, (	check this
box 🕨	. If it is for par	t of the group, check this box 🕨	and atta	ach a list with the names and EINs of all	memb	ers the extension is	s for.
<b>1</b>     re	equest an automati	c 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time uni	til		
	FEBRUARY	15 , $2011$ , to file the exem	pt organiza	tion return for the organization named a	ıbove.	The extension	
is t	for the organization	's return for:					
	calendar year						
<b>&gt;</b>	X tax year begin	nning <u>JUL 1, 2009</u>	, an	nd ending <u>JUN 30, 2010</u>		·	
2 lf t	he tax vear entered	I in line 1 is for less than 12 months,	chack rose	on: Initial return Fina	-14	_	
	Change in acco		CHECK reas	on midaretum Fina	al retur	П	
		anning period					
3a If t	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any			
	nrefundable credits				3a	\$	0.
b If t	his application is fo	r Form 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and			
		nts made. Include any prior year ove			_3b	\$	0.
		ct line 3b from line 3a. Include your p					
		tronic Federal Tax Payment System			3с	\$	0.
				orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.
LHA I	or Paperwork Re	duction Act Notice, see Instruction	1S.			Form 8868 (R	lev. 1-2011)

923841 01-03-11