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)

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

OMB No. 1545-0047
2008
Open to Public Inspection

| A | or the | ± 2008 calendar year, or tax year beginning $$ | nding J | <u>UN 30, 2009</u> | | | | | |
|--|------------------------|---|-------------------------------|------------------------------------|--|--|--|--|--|
| В | Check if applicable | Please use IRS C Name of organization | | D Employer identific | cation number | | | | |
| | Addre | ss label or CTUTCENIC TOD DENDICATE AND A TITLED B | | | | | | | |
| | Chang Name chang | print or CITIZENS FOR PENNSYLVANIA'S FUTURE | | 21 1 | C070CC | | | | |
| F | Initial | | , ,, | | 607866 | | | | |
| Specific Spe | | | | | | | | | |
| F | ation - Amend | 10d N | | | 214-7920 | | | | |
| 논 | return Applic | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 2,555,267. | | | | |
| Ь_ | Ition pendir | HARRISBURG, PA 17101-1113 | | H(a) Is this a group re | | | | | |
| | | F Name and address of principal officer: KATHERINE J. JARRET | | for affiliates? | Yes X No | | | | |
| _ | r | 610 NORTH THIRD STREET, HARRISBURG, PA | T / T O | H(b) Are all affiliates inc | | | | | |
| | | empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 | | } | list. (see instructions) | | | | |
| | | te: ► WWW.PENNFUTURE.ORG organization: X Corporation Trust Association Other ► | 1 | H(c) Group exemptio | | | | | |
| | art I | organization: X Corporation Trust Association Other ► Summary | L Year | of formation: 1998 N | 1 State of legal domicile: PA | | | | |
| | · · | | TIMITO | WODER HO C | | | | | |
| Governance | | Briefly describe the organization's mission or most significant activities: PENNFI JUST FUTURE WHERE NATURE, COMMUNITIES AND | | | | | | | |
| nar | | | | | | | | | |
| Ver | | Check this box if the organization discontinued its operations or dispose | | 1 1 | | | | | |
| | | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 12 | | | | |
| ళ | 5 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 12 | | | | |
| Activities & | 5 | Total number of employees (Part V, line 2a) | ••••• | 5 | 24 | | | | |
| ίξ | 6 | Total number of volunteers (estimate if necessary) | ••••• | 6 | 22 | | | | |
| Ac | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | | <u>7a</u> | <u> </u> | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | ····· | | 0. | | | | |
| Revenue | | Contributions and seemts (Dout VIII line 41s) | - | Prior Year | Current Year | | | | |
| | | Contributions and grants (Part VIII, line 1h) | | 2,702,281. | 2,190,939. | | | | |
| | | Program service revenue (Part VIII, line 2g) | | 50,560. | 70,451. | | | | |
| æ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 124,100. | | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -66,287. | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,810,654. | <u>2,295,686.</u> | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 1 005 600 | 1 561 116 | | | | |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,297,600. | 1,561,112. | | | | |
| en | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | odan. O se cida a se e di desid | | | | | |
| X | _b | Total fundraising expenses (Part IX, column (D), line 25) 104,13 | | | | | | | |
| _ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 1,197,090. | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,494,690. | 2,601,435. | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 315,964. | <u>-305,749.</u> | | | | |
| Net Assets or | | | | Beginning of Year | End of Year | | | | |
| SSB | 20 | Total assets (Part X, line 16) | | 4,253,628. | 3,732,786. | | | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 233,498. | 254,103. | | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | <u>4,020,130.</u> | <u>3,478,683.</u> | | | | |
| | art II | Signature Block | | | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any | statements, : y knowledge. | and to the best of my knowled ، | ge and belief, it is true, correct, | | | | |
| | | John Court | | 2/10 | 100 | | | | |
| Sig | | Signature of officer | | <u> </u> | //0 | | | | |
| Tiere J | | | | | | | | | |
| | | KATHERINE J. JARRETT, PRESIDENT Type or print name and title | | | | | | | |
| | | | 1.05 | -1. 16 | | | | | |
| Pai | d | Preparer's Date | 0.01 | eck if Prepar f- (see in: | er's identifying number structions) | | | | |
| Preparer's Firm's name (or DODINI KD') MED CORDEN LTD | | | | | | | | | |
| Use Only yours if RODIN RRAMER & GREEN, LLP | | | | | | | | | |
| | - | self-employed), address, and 425 COMMERCE DRIVE, SUITE 150 | | | | | | | |
| _ | | FT. WASHINGTON, PA 19034 | | Phone no. ► 2 | <u>15-641-8300</u> | | | | |
| | | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | | |
| 832 | 001 12- | 18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sep | arate ins | tructions. | Form 990 (2008) | | | | |

832002 12-18-08

4e

Total program service expenses ► \$

2,114,077. (Must equal Part IX, Line 25, column (B).)

31-1607866 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 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

Did the organization maintain any donor advised funds or any 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable X 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 located outside the United States? If "Yes," complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 21 Х 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 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 questions 24b-24d and complete Schedule K. If "No", go to question 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 X 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I Х 25b 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial Х contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|------|-------|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | 1000 | . 5 1 | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? 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 |

Form 990 (2008) CITIZENS FOR PENNSYLVANIA'S FUTURE
Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | | Yes | No |
|----|---|----------|------------------|------|-----|--------------|
| 1a | 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 | 26 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eporta | able 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, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 24 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | instru | ictions) | ·. | | · |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | ed by | this return? | За | | X |
| b | 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 | autho | rity over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | ınt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | 3.0 | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign | Bank | and | | | |
| | Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | action | ? | 5b | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | / Rega | rding Prohibited | | | |
| | Tax Shelter Transaction? | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | itions (| or gifts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 1. | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more | re thar | າ \$75? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | vas re | quired | | | |
| | to file Form 8282? | | | 7c | | X |
| d | , | | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | perso | nal | MA | | |
| | benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con | | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required | | | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- | | | 7h | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se | | | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization. | | | 1,14 | | HELEV |
| _ | excess business holdings at any time during the year? | | | 8 | | The state of |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | - |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | 1 | 1 | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | |
| b | | 10b |) | | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | 1 | | | 4. | |
| a | *************************************** | 11a | | 1 | | |
| b | | | | | | |
| 40 | amounts due or received from them.) | 11b | | 1 | | l la |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | 1 | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | <u> </u> | 1 | | |

Form 990 (2008) CITIZENS FOR PENNSYLVANIA'S FUTURE 31–1607866 Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| sec | tion A. Governing Body and Management | | | |
|-------|--|---------|--------|-----|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| | processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent 15 15 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | _X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3_ | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | _X_ |
| 6 | Does the organization have members or stockholders? | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| | governing body? | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | |
| | by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | X |
| Sec | tion B. Policies | | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | Х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this is done | 12c | Х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | X | |
| b | Other officers or key employees of the organization? | 15b | Х | |
| | Describe the process in Schedule O. (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | 100 | | L |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶PA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as | nd fin- | moist | |
| 13 | statements available to the public. | ia iine | urciai | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | dar. 🟲 | | |
| 20 | ORGANIZATION - 717-214-7920 | uori: 🏴 | | |
| | 610 NORTH 3RD STREET, HARRISBURG, PA 17101-1113 | | | |
| 83200 | | | | |

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. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

| Officer this box it the organization did not of | mpensate an | y O1 | 11001 | , un | 3010 | , | 1316 | e, or key employee. | | |
|---|-------------|--------------------------------|----------------------|---------|--------------|------------------------------|-----------|---|----------------------------------|--------------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average | | Position | | Reportable | Reportable | Estimated | | | |
| | hours | (cl | hecl | k all | that | app | ly) | compensation | compensation | amount of |
| | per | ig: | ļ | | | | | from | from related | other |
| | week | rdie | | | | E . | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | stee o | rustee | İ | | BSUB | | (W-2/1099-MISC) | (**-2/1099-1/1130) | organization |
| • | | al tru | onal t | | oloyee | li e | | (** =* ******************************** | | and related |
| | | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | iii iii | | | organizations |
| | | Ĕ | Ĕ | 15 | 홄 | 主旨 | 요 | | | |
| R. JOHN DAWES | | | | | | | | | • | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| JOHN R. DETWEILER | : | | | | | | | | | |
| BOARD MEMBER & TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| JOHN G. HARKINS, JR., ES | | İ | | | | | | | | |
| BOARD MEMBER | 1.00 | Х | | X | | | | 0. | 0. | 0. |
| WILLIAM HOPWOOD | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| DR. JAMES E. JONES | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| K. JOY KAUFMANN, | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| DAVID A. LANE | | | | | | | | | | |
| BOARD MEMBER & CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| CHAR MAGARO | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| DINA SCHLOSSBERG, ESQ. | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| GARY SOJKA | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| JOSHUA C. WHETZEL III | | | | | | | | | , | |
| BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| KATHERINE J. JARRETT | | | | | | | | | | |
| PRESIDENT | 35.00 | | | X | | | | 106,671. | 0. | 10,793. |
| EDWARD M, MCGOVERN | | | | | | | | | | |
| SECRETARY | 35.00 | | _ | X | | | | 79,952. | 0. | 10,657. |
| HEATHER SAGE | | | | | | | | | | |
| VICE PRESIDENT | 35.00 | | 1 | X | ļ | | | 59,458. | 0. | 11,044. |
| THOMAS TUFFEY | | | | | | | | | | |
| DIRECTOR - CENTER FOR EN | 35.00 | | | | | X | | 92,698. | 0. | 10,190. |
| KURT WEIST . | | 1 | | | | | | | | |
| SENIOR ATTORNEY | 35.00 | _ | _ | | | X | | 86,044. | 0. | 10,141. |
| CHARLES MCPHEDRAN | | | | | | | | | | |
| CHAIR OF LAW STAFF PHILA | 35.00 | | | | | X | | 86,044. | 0. | |
| 888887 48 48 88 | | | | | | | | | | Earm 990 (2008) |

832007 12-18-08 Form **990** (2008)

| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | oyee | s, aı | nd l | High | est | Compensated Employ | ees (continued) | |
|---|---------------------------------------|--------------------------------|----------------------|---------|--------------|---------------------------------|-----------|---|---------------------------|--------------------------|
| (A) | (B) | (C) | | (D) (E) | | (F) | | | | |
| Name and title | Average | ١. | | Posi | | | | Reportable | Reportable | Estimated |
| , | hours per | | necr | allt | inat | app | iy) | compensation from | compensation from related | amount of other |
| | week | Individual trustee or director | | | | | | the | organizations | compensation |
| | | e or d | tee | | | sated | | organization | (W-2/1099-MISC) | from the |
| | | truste | nstitutional trustee | | yee | Highest compensated employee | | (W-2/1099-MISC) | | organization and related |
| | | vidual | tution | .ec | Key employee | nest co | ner | | | organizations |
| | | 置 | Inst | Officer | Key | 星間 | 501 | | | |
| KIM SNELL-ZARCONE | | | | | | | | | | |
| ATTORNEY | 35.00 | | | | | X | | 60,472. | 0. | 10,576. |
| JOHN BAILLIE | | | | | | | | | | |
| SENIOR ATTORNEY | 35.00 | | | | | X | | 83,337. | 0. | 10,220. |
| JEANNE CLARK | | | | | | | | | | |
| DIRECTOR OF COMMUNICATIO | 35.00 | <u> </u> | | | | X | | 81,853. | 0. | 11,230. |
| | | | | | | | | | | |
| | | - | ļ | | ļ | - | <u> </u> | | | |
| | | | | | | | | | | |
| | I | | <u> </u> | ļ | <u> </u> | - | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total | | | | | | . ▶ | | 736,529. | 0 | 95,693. |
| 2 Total number of individuals (including those | | | | | tha | an \$1 | 100 | ,000 in reportable | | |
| compensation from the organization | | | | | | | | *************************************** | | . 1 |
| | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | | | | | | | | | | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the si | | | | | | | | | | |
| and related organizations greater than \$15 | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or | · · · · · · · · · · · · · · · · · · · | | | | | - | | - | | 5 X |
| the organization? If "Yes," complete Sched | iule J for such | per | SOII | | | ***** | | | | 5 X |
| Complete this table for your five highest co | mnensated in | der | end | ent (| con | tract | ors | that received more than | \$100,000 of comper | sation from |
| the organization. NONE | mponoatoa n | ,001 | , 0110 | 0.11. | | | | that rosonou moro than | \$100,000 01 00mpor | iodalon moni |
| (A) | | | | | | | | (B) | | (C) |
| Name and business | address | | | | | | | Description of | services | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| O Total number of independent and a second | (including the | ne :- | . 41. | uha | ree | | l .~~ | nra than \$100,000 in | anonastic - | |
| 2 Total number of independent contractors | including thos 0 | se ir | 1 1) V | VIIO I | rece | ∍ivec | ımo | ore than \$100,000 in cor | ipensation | |
| from the organization | U | | | | | | | | | Form 990 (2008 |

Form 990 (2008)

832009 02-02-09 Part IX | Statement of Functional Expenses

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

| | All other organizations must comple | | | (C) | |
|-----------|---|-----------------------|---------------------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 246,081. | 201,849. | 33,632. | 10,600. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,122,105. | 920,410. | 153,355. | 48,340. |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | · | | |
| 9 | Other employee benefits | 84,207. | 69,050. | 10,947. | 4,210. |
| 10 | Payroll taxes | 108,719. | 89,149. | 14,134. | 5,436. |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 1 1 | | | |
| b | Legal | 16,581. | 6,135. | 10,446. | |
| | Accounting | 28,150. | 10,415. | 17,735. | |
| | Lobbying Co- Park Not line 47 | 382. | · · · · · · · · · · · · · · · · · · · | 382. | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | 15,040. | | 15,040. | |
| | | 13,040. | | 15,040. | |
| g 12 | Other Advertising and promotion | 28,454. | 21,341. | 5,690. | 1,423. |
| 13 | Office expenses | 128,852. | 103,588. | 14,936. | |
| 14 | Information technology | 66,597. | 61,715. | 4,216. | 666. |
| 15 | Royalties | 33,732 | <u> </u> | | 000. |
| 16 | Occupancy | 136,556. | 106,144. | 22,233. | 8,179. |
| 17 | Travel | 137,487. | 120,989. | 9,624. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 12,446. | 6,846. | | 5,600. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 30,997. | 22,873. | 5,794. | 2,330. |
| 23 | Insurance | 34,671. | 34,671. | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total | | | | |
| | expenses shown on line 25 below.) | 0-6-6-6 | | | |
| а | | 376,566. | 312,550. | 64,016. | 0. |
| b | | 21,537. | 21,537. | 205 | |
| c | | 3,054. | 2,749. | 305. | |
| 6 | | 2,953. | 2,066. | 739. | 148. |
| f | | 2 (01 425 | 0 114 000 | 202 204 | 104 404 |
| <u>25</u> | Total functional expenses. Add lines 1 through 24f | 2,601,435. | 2,114,077. | 383,224. | 104,134. |
| 26 | Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|--------------------------|-------------------------------------|--|--|--|---------------|--|
| | 1 | Cash - non-interest-bearing | | 2,260,131. | 1 | 2,272,199. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 402,637. | 4 | 13,500. |
| | 5 | Receivables from current and former officers, directors, trustees | | 102,03,1 | | 13/3301 |
| | Ü | employees, or other related parties. Complete Part II of Schedul | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under s | | 3 | | |
| | Ū | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Com | | | İ | |
| | | Part II of Schedule L | · | 6 | | |
| s, | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | | |
| As | 9 | Prepaid expenses and deferred charges | | 22,556. | 9 | 47,998. |
| | | Land, buildings, and equipment: cost basis 10a | | | | |
| | | Less: accumulated depreciation. Complete | 307,0201 | | | |
| | ~ | Part VI of Schedule D 10b | 349.966 | 591,373. | 100 | 607,877. |
| | 11 | Investments - publicly traded securities | | 939,088. | | 757,058. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 33,608. | 12 | 29,769. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 33/333. | 13 | |
| | 14 | Intangible assets | 1 | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 4,235. | 15 | 4,385. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 4,253,628. | 16 | 3,732,786. |
| | 17 | Accounts payable and accrued expenses | | 223,035. | 17 | 242,293. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 10,463. | 19 | 11,810. |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| ģ | 21 | Escrow account liability. Complete Part IV of Schedule D | | | 21 | |
| <u>I</u> | 22 | Payables to current and former officers, directors, trustees, key | | | | |
| Liabilities | | highest compensated employees, and disqualified persons. Co | mplete Part II | | | |
| ⅓ | | of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | | | 23 | |
| | 24 | Unsecured notes and loans payable | *************************************** | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 233,498. | 26 | 254,103. |
| | | Organizations that follow SFAS 117, check here X | and complete | | | |
| es | | lines 27 through 29, and lines 33 and 34. | | | | |
| O | 27 | Unrestricted net assets | | 2,938,202. | 27 | 2,610,281. |
| 3al | 28 | Temporarily restricted net assets | | 948,222. | 28 | 727,058. |
| <u>p</u> | 29 | Permanently restricted net assets | | 133,706. | 29 | 141,344. |
| Net Assets or Fund Balan | | Organizations that do not follow SFAS 117, check here | and | | | |
| p o | | complete lines 30 through 34. | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| et | 32 | Retained earnings, endowment, accumulated income, or other | | | 32 | |
| Z | | man and a second a | | | | 1 2 470 (02 |
| | 33 | Total net assets or fund balances | | 4,020,130. | 33 | 3,478,683. |
| | 34 | Total liabilities and net assets/fund balances | | | 33 34 | 3,478,683. |
| Pa | 34 | | | | | 3,732,786. |
| Pa | 34 rt XI | Total liabilities and net assets/fund balances Financial Statements and Reporting | | 4,253,628. | | |
| Pa 1 | 34 rt XI | Total liabilities and net assets/fund balances Financial Statements and Reporting ounting method used to prepare the Form 990: Cash | X Accrual | 4,253,628. | 34 | 3,732,786. Yes No |
| 1 2a | 34 rt XI Acc Wer | Total liabilities and net assets/fund balances Financial Statements and Reporting ounting method used to prepare the Form 990: Cash re the organization's financial statements compiled or reviewed by | X Accrual | 4,253,628. Other accountant? | 34 | 3,732,786. Yes No 2a X |
| 1 2a b | Acc Wer | Total liabilities and net assets/fund balances Financial Statements and Reporting ounting method used to prepare the Form 990: Cash The the organization's financial statements compiled or reviewed by the organization's financial statements audited by an independent. | X Accrual y an independent ent accountant? | 4,253,628. Other accountant? | 34 | 3,732,786. Yes No 2a X 2b X |
| 1 2a b | Acc Wer Wer | Total liabilities and net assets/fund balances Financial Statements and Reporting counting method used to prepare the Form 990: Cash The the organization's financial statements compiled or reviewed by the the organization's financial statements audited by an independing of the lines 2a or 2b, does the organization have a committee the | X Accrual y an independent ent accountant? at assumes respo | 4,253,628. Other accountant? | 34 e audit | 3,732,786. Yes No 2a X 2b X |
| 1 2a b | Acc Wer Wer If "Y | Total liabilities and net assets/fund balances Financial Statements and Reporting ounting method used to prepare the Form 990: The the organization's financial statements compiled or reviewed by the the organization's financial statements audited by an independ of the compile of the organization have a committee the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements. | X Accrual y an independent ent accountant? at assumes respo | 4,253,628. Other accountant? | 34 e audit | 3,732,786. Yes No 2a X 2b X 2c |
| 1 2a b | Acc Wer Wer If "Y revie | Total liabilities and net assets/fund balances Financial Statements and Reporting counting method used to prepare the Form 990: Cash re the organization's financial statements compiled or reviewed by re the organization's financial statements audited by an independ res" to lines 2a or 2b, does the organization have a committee the ew, or compilation of its financial statements and selection of an a result of a federal award, was the organization required to unde | X Accrual y an independent ent accountant? at assumes respo independent acco | Other accountant? Insibility for oversight of thountant? dits as set forth in the Sing | audit | 3,732,786. Yes No 2a X 2b X t, 2c dit |
| 1 2a b c | Acc. Wer Wer If "Y revie As a | Total liabilities and net assets/fund balances Financial Statements and Reporting ounting method used to prepare the Form 990: The the organization's financial statements compiled or reviewed by the the organization's financial statements audited by an independ of the compile of the organization have a committee the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements and selection of an entire the compiletion of its financial statements. | X Accrual y an independent ent accountant? at assumes respo independent acco | 4,253,628. Other accountant? Insibility for oversight of thountant? Idits as set forth in the Sing | audit | 3,732,786. Yes No 2a X 2b X t, 2c dit 3a X |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number Name of the organization 31-1607866 CITIZENS FOR PENNSYLVANIA'S FUTURE Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III - Functionally integrated __ Type I b Type II ∫ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008 CITIZENS FOR PENNSYLVANIA'S FUTURE 31-1607866 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

| Sec | tion A. Public Support | | <u>.</u> | | | | | |
|------|--|---------------------------------------|----------------------|----------------------------|----------------------------------|---------------------|----------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1641479. | 1824328. | 3555711. | 2702281. | 2189939. | 11913738. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 - 3 | 1641479. | 1824328. | 3555711. | 2702281. | 2189939. | 11913738. | |
| | 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) | s etaki hundari | | | | ing typic galgali. | 6911280. | |
| 6 | Public Support. Subtract line 5 from line 4. | esta el el el | | | | | 5002458. | |
| | ction B. Total Support | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 7 | Amounts from line 4 | 1641479. | 1824328. | 3555711. | | 2189939. | 11913738. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | | | | | |
| | and income from similar sources | 83,409. | 78,835. | 115,272. | 172,957. | 101,555. | 552,028. | |
| 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.) | 6,700. | | | 8,509. | | 15,209. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 12480975. | |
| 12 | Gross receipts from related activities | , etc. (see instructi | ons) | | | 12 | 616,317. | |
| 13 | First five years. If the Form 990 is fo | r the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | | |
| | organization, check this box and sto | p here | | | _ | | > | |
| Se | ction C. Computation of Publ | | | | | | | |
| 14 | Public support percentage for 2008 (| (line 6, column (f) d | ivided by line 11, | column (f)) | | 14 | 40.08 % | |
| 15 | Public support percentage from 2007 | 7 Schedule A, Part | IV-A, line 26f | | | 15 | <u>34.96 %</u> | |
| 16a | a 33 1/3% support test - 2008. If the | organization did no | ot check the box o | on line 13, and line | 14 is 33 1/3% or n | nore, check this b | ox and | |
| | stop here. The organization qualifies | as a publicly supp | orted organizatio | n | | | ▶ X | |
| ŀ | 33 1/3% support test - 2007. If the | | | | | | | |
| | and stop here. The organization qua | lifies as a publicly | supported organiz | zation | | | ▶∟ | |
| 17a | a 10% -facts-and-circumstances tes | st - 2008. If the org | anization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% | 6 or more, | |
| | and if the organization meets the "fac | cts-and-circumstar | ices" test, check t | this box and stop I | <mark>here.</mark> Explain in Pa | rt IV how the orga | nization | |
| | meets the "facts-and-circumstances' | test. The organiza | ation qualifies as a | ı publicly supporte | d organization | | ▶∟ | |
| ı | o 10% -facts-and-circumstances tes | st - 2007. If the org | janization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | s 10% or | |
| | more, and if the organization meets t | the "facts-and-circu | ımstances" test, d | check this box and | stop here. Explair | n in Part IV how th | ne | |
| | organization meets the "facts-and-cir | cumstances" test. | The organization | qualifies as a publ | licly supported org | anization | ▶□ | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see instructio | ns ▶ | |
| | Schedule A (Form 990 or 990-EZ) 2008 | | | | | | | |

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|---|---------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| _ | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 - 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | · – |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| _8_ | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12.) | | | en Avange, et a | | | |
| 14 | First five years. If the Form 990 is for | or the organization's | s first, second, thi | rd, fourth, or fifth to | ax year as a sectio | n 501(c)(3) organiz | ation, |
| | check this box and stop here | | | *************************************** | · | | ▶ □ |
| Se | ction C. Computation of Pub | lic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2008 | (line 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 200 | 7 Schedule A, Part | IV-A, line 27g | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 2 | .008 (line 10c, colur | mn (f) divided by li | ne 13, column (f)) | | 17 | <u>%</u> |
| 18 | Investment income percentage from | 2007 Schedule A, | Part IV-A, line 27h | ١ | | 18 | % |
| 19: | a 33 1/3% support tests - 2008. If the | | | | | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box | and stop here. The | e organization qua | lifies as a publicly : | supported organiz | ation | ▶□ |
| ı | b 33 1/3% support tests - 2007. If the | | | | | | |
| | line 18 is not more than 33 1/3%, ch | eck this box and s | top here. The org | anization qualifies | as a publicly supp | orted organization | ▶□ |
| 20 | Private foundation. If the organizati | on did not check a | box on line 14, 19 | 9a, or 19b, check t | his box and see in | structions | > |
| | | | | | Sch | edule A (Form 99 | 0 or 990-EZ) 2008 |

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, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

| _ | | , - | | | | | | |
|---|---|--|--|--|--|--|--|--|
| | CITIZENS FOR PENNSYLVANIA'S FUTURE | 31-1607866 | | | | | | |
| Organization type (chec | k 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 | | | | | | | |
| | on is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), on a special Rule. See instructions.) | or (10) organization can check boxes | | | | | | |
| General Rule | | | | | | | | |
| | ns filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in momplete Parts I and II. | oney or property) from any one | | | | | | |
| Special Rules | | | | | | | | |
| 509(a)(1)/170(b | 01(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test on (1)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the great me 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and | eater of (1) \$5,000 or (2) 2% of the | | | | | | |
| aggregate conf | 01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any or tributions or bequests of more than \$1,000 for use exclusively for religious, charitable, sci the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| some contribut \$1,000. (If this etc., purpose. | For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) | | | | | | | |
| they must answer "No" | that are not covered by the General Rule and/or the Special Rules do not file Schedule B on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | | |
| | and Paperwork Reduction Act Notice, see the Instructions Schedule ese instructions will be issued separately. | B (Form 990, 990-EZ, or 990-PF) (2008) | | | | | | |

Employer identification number

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 | ACCIONA ENERGY 101 N WACKER ST., SUITE 610 CHICAGO, IL 60606 | \$\$ | 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 |
| 2 | CENTER FOR COALFIELD JUSTICE PO BOX 1080 WASHINGTON, PA 15301 | \$6,400. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | PPL SERVICES CORP 2 NORTH 9THE STREET ALLENTOWN, PA 18101 | \$ <u>16,500.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>4</u> | WESTERN PENN POWER SDF 800 CABIN HJILL DRIVE GREENSBURG, PA 15601 | \$ | 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 | COMMONWEALTH OF PA DEPARTMENT ON ENVIRONMENTAL PROTECTION HARRISBURG, PA 17101 | \$ | 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 |
| 16 | COMMONWEALTH OF PA DEPARTMENT OF COMMUNITY & ECONMIC DEVELOPMENT HARRISBURG, PA 17101 | \$ <u>183,250.</u> | Person X Payroll |
| 823452 12- | 18-08 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2008) |

Employer identification number

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 |
| 6 | SUNTECHNICS ENERFY SYSTEMS, INC. 660 J STREET SUITE 270 SACRAMENTO, CA 95814-2413 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 7 | ENERGY FOUNDATION 1012 TORNEY AVENUE #1 SAN FRANCISCO, CA 94129 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 8 | EXELON CORPORATION 2301 MARKET STREET, P.O. BOX 8699 PHILADELPHIA, PA 19101 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 9 | HOWARD HEINZ FOUNDATION 30 CNG TOWER, 625 LIBERTY AVENUE PITTSBURGH, PA 15222 | \$\$ | 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 |
| 10 | KEITH CAMPBELL FOUNDATION 410 SEVERN AVENUE, SUITE 210 ANNAPOLIS, MD 21403 | \$\$ | Person X Payroll |
| (a) <u>No.</u> | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>11</u> | MERTZ GILMORE FOUNDATION 218 E 18TH STREET NEW YORK, NY 10003 | \$ 50,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008) |

Name of organization

Employer identification number

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 |
| 12 | THE CHESTER COUNTY ECONOMIC DEVELOPMENT COUNCIL EAGLEVIEW CORPORATE CENTER, 737 CONSTITUTION DRIVE EXTON, PA 19341 | \$25,000. | 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 |
| 13 | THE EMILY HALL TERMAINE FOUNDATION, INC 290 PRATT STREET MERIDEN, CT 06450 | \$ <u>120,000.</u> | 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 |
| 14 | TRF - SUSTAINABLE DEVELOPMENT FUND 718 ARCH STREET PHILADELPHIA, PA 19106 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 15 | WILLIAM PENN FOUNDATION TWO LOGAN SQUARE, 100 N. 18TH STREET, 11TH FLOOR PHILADELPHIA, PA 19103 | \$\$ | 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 |
| | | \$ | Person 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 |
| 823452 12- | | \$Schodulo P (Form | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008) |

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

2008 Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

LHA

832041 12-18-08

mediation exempt from modific rax officer scotton oo ito, and scotton of

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

| Name of org | anization | | | Empl | oyer identification number |
|-------------|---|--------------------------------------|------------------------|--|--|
| | CITIZEN | S FOR PENNSYLVAN | IA'S FUTURE | | 31-1607866 |
| Part I-A | To be completed by | / all organizations exemp | ot under section | 501(c) and section 52 | 27 organizations. |
| | See the instructions for S | chedule C for details. | | | |
| 1 Provide | a description of the organiz | ation's direct and indirect politica | al campaign activities | in Part IV. | |
| 2 Politica | l expenditures | | | ▶\$ | |
| | | | | | |
| | | | | | |
| Part I-B | To be completed by | , all organizations exemp | ot under section | 501(c)(3). | |
| | See the instructions for S | chedule C for details. | - | | |
| 1 Enter th | ne amount of any excise tax | incurred by the organization und | er section 4955 | > \$ | |
| | | incurred by organization manage | | | |
| | | n 4955 tax, did it file Form 4720 : | | | |
| 4a Was a | correction made? | | ••••• | ••••• | Yes No |
| | describe in Part IV. | | | | |
| Part I-C | To be completed by | y all organizations exemp | ot under section | 501(c), except section | n 501(c)(3). |
| | See the instructions for S | | | | |
| | | by the filing organization for sec | | | |
| | | ization's funds contributed to oth | J | | |
| | | | | | |
| | · · | function expenditures. Add lines | | | |
| | | | | | |
| | | 1120-POL for this year? | | | |
| | | nployer identification number (Ell | | | |
| | | if the amount was paid from the | | * | |
| | ily and directly delivered to a ional space is needed, provi | separate political organization, s | sucn as a separate se | gregated fund or a political a | action committee (PAC). |
| II addit | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political contributions received and |
| | | | | filing organization's funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization. If none, enter -0 |
| | | | | | ii florie, effici -0 |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

| F | | | | | |
|--|---|--|--|--|---|
| Schedule C (Form 990 or 990-EZ) 2008 Part II-A To be completed by | CITIZENS FO | OR PENNSYLV | ANIA'S FUTU. | RE 31-1 | 607866 Page 2 |
| (election under sec | | | | t med Form 5700 | |
| | ion belongs to an affil | | duic o foi details. | | |
| | = | iated group. id "limited control" pro | visions apply | | |
| Limit | s on Lobbying Exper | | , io. io. io. io. io. io. io. io. io. io. | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | sence public opinion (| graeeroote Johhving) | | 13,183. | |
| b Total lobbying expenditures to influ | | | | 117,599. | |
| c Total lobbying expenditures (add li | ŭ | , | | 130,782. | |
| d Other exempt purpose expenditure | | | 1 | 2,470,653. | |
| e Total exempt purpose expenditure | | | | 2,601,435. | - |
| f Lobbying nontaxable amount. Enter | | | | 280,072. | - · · · · · · · · · · · · · · · · · · · |
| If the amount on line 1e, column (a) o Not over \$500,000 | r (b) is: The lob | bying nontaxable amount on line 1e. | 1 | | |
| Over \$500,000 but not over \$1,000 | 0,000 \$100,00 | 00 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | 1.0 |
| Over \$1,500,000 but not over \$17, | 000,000 \$225,00 | 00 plus 5% of the exce | ss over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,0 | 000. | | | |
| g Grassroots nontaxable amount (er | iter 25% of line 1f) | | | 70,018. | |
| h Subtract line 1g from line 1a. Enter | -0- if line g is more tha | an line a | | 0. | |
| i Subtract line 1f from line 1c. Enter | -0- if line f is more that | n line c | | 0. | |
| j If there is an amount other than ze | ro on either line 1h or | line 1i, did the organiza | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | <u></u> | Yes No |
| , , | ations that made a s ns below. See the ins | eraging Period Under section 501(h) election structions for lines 2a | n do not have to comp through 2f of the ins | | |
| | Lobbying Expe | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount | 277,685. | 277,253. | 274,735. | 280,072. | 1,109,745. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,664,618. |
| c Total lobbying expenditures | 44,396. | 70,994. | 181,130. | 130,782. | 427,302. |
| d Grassroots non-taxable amount | 69,421. | 69,313. | 68,684. | 70,018. | 277,436. |
| e Grassroots ceiling amount | | | | | 416 154 |

Schedule C (Form 990 or 990-EZ) 2008

13,183.

51,879.

f Grassroots lobbying expenditures

10,230.

19,254.

9,212.

Schedule C (Form 990 or 990-EZ) 2008 CITIZENS FOR PENNSYLVANIA'S FUTURE 31-1607866 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

| | | (a) | | (b) | |
|--------|--|--------------|-----------------|-------------|-----------|
| | | Yes | No | Amo | ount |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| q | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| _ | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | | |
| | Other activities? If "Yes," describe in Part IV | | | | |
| i | Total lines 1c through 1i | | , 1 p | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | W. Page | Winday. | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A To be completed by all organizations exempt under section 501(c)(4) | section | 501(c)(5) | , or sect | ion |
| | 501(c)(6). See the instructions for Schedule C for details. | | | • | |
| | | | | 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? | | | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | | |
| Par | t III-B To be completed by all organizations exempt under section 501(c)(4) | section | 501(c)(5) | , or sect | ion |
| | 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR | if Part II | I-A, ques | tion 3 is | |
| | answered "Yes." See Schedule C instructions for details. | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political | | | | |
| | expenses for which the section 527(f) tax was paid). | | 1.1 | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | | | |
| С | · | | | | |
| 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 ex | | 94.5 | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | oolitical | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | | 5 | | |
| Par | 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 | o, complete | this part |
| | ny additional information. | | , | -,, | |
| | • | | | | |
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31 – 1607866

Schedule D (Form 990) 2008

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | s or Accounts. Complete if the |
|----------|---|--|---|
| | organization answered "Yes" to Form 990, Part IV, line | | |
| | | (a) Donor advised funds | (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 advi | ised funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | | |
| Par | t II Conservation Easements. Complete if the or | ganization answered "Yes" to Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| | Preservation of land for public use (e.g., recreation or public use) | pleasure) Preservation of an hi | istorically important land area |
| | Protection of natural habitat | Preservation of certi | fied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | servation contribution in the form of a cor | nservation easement on the last day |
| | of the tax year. | | |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic sta | | |
| d | Number of conservation easements included in (c) acquired | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by th | ne organization during the taxable |
| _ | year > | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| 6 | enforcement of the conservation easements it holds? | | |
| 6 7 | Staff or volunteer hours devoted to monitoring, inspecting, a Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| J | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports conservation | | |
| Ū | include, if applicable, the text of the footnote to the organiza | • | |
| | conservation easements. | and the state of t | o the organization o accounting to |
| Pai | t III Organizations Maintaining Collections of | of Art, Historical Treasures, or 0 | Other Similar Assets. |
| <u> </u> | Complete if the organization answered "Yes" to Form | | |
| | | | |
| 1a | If the organization elected, as permitted under SFAS 116, no | ot to report in its revenue statement and | balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of p | bublic service, provide, in Part XIV, the text of |
| | the footnote to its financial statements that describes these | items. | , in the second |
| b | If the organization elected, as permitted under SFAS 116, to | report in its revenue statement and bala | ance sheet works of art, historical treasures, |
| | or other similar assets held for public exhibition, education, | or research in furtherance of public servi | ce, provide the following amounts relating to |
| | these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under SFAS | 116 relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |
| | | | |

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

Schedule D (Form 990) 2008

| Part VII Investments - Other Securities. Se | ee Form 990, Part X, line | 12. | |
|---|----------------------------|------------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuation: lost or end-of-year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | and the second second second | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) | • | - Programme (Fig. 1977) | · 179 中央公司建建基础建筑建筑。1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - |
| Part VIII Investments - Program Related. | See Form 990, Part X, line | 9 13. | () Ad-th |
| (a) Description of investment type | (b) Book value | _ | (c) Method of valuation: Cost or end-of-year market value |
| | | | nost of end-or-year market value |
| | | | · |
| | | | |
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| | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | • | Laginty and the little | |
| Part IX Other Assets. See Form 990, Part X, lin | e 15. | | A CONTRACTOR OF THE CONTRACTOR |
| |) Description | | (b) Book value |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | line 15.) | | > |
| Part X Other Liabilities. See Form 990, Part X (a) Description of liability | K, line 25. | (b) Amount | |
| | | (b) Amount | 그 이 경찰 보고를 받는데 이 물들이다. |
| Federal income taxes | | | |
| | | | |
| | | | |
| | | | 그 문학자 반통하였다며 그렇게 다른 |
| | | | 그리아 시간 작가를 모르게 있다. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990. Part X, col (B) | Iine 25.) ▶ | | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

832053 12-23-08

| | t XI Reconciliation of Change in Net Assets from Form 990 to | | | | <u> </u> | 00/000 Page 4 |
|-----------|---|---------------|--------------------|--------|--------------|-------------------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | w | | 2,295,686. |
| 2 | | | | | | 2,601,435. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | | | -305,749. |
| 4 | Net unrealized gains (losses) on investments | | | | | -235,698. |
| 5 | Donated services and use of facilities | | | | | 233,030. |
| 6 | Investment expenses | | | | | |
| 7 | Prior period adjustments | | | | | |
| 8 | Other (Describe in Part XIV) | | | | | |
| 9 | Total adjustments (net). Add lines 4-8 | | | | | -235,698. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 10 | | | -541,447. |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | ents With | Revenue p | er Re | turn | <u> </u> |
| 1 | | | | | 1 | 2,094,257. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains on investments | 2a | -235,69 | 98. | | |
| b | Donated services and use of facilities | | | | | |
| С | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIV) | 1 | | | | |
| е | Add lines 2a through 2d | | | | 2e | -235,698. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 2,329,955. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | : | | |
| b | Other (Describe in Part XIV) | | -34,2 | 69. | | |
| С | | | | | 4c | -34,269. |
| _5_ | | | | l l | 5 | 2,295,686. |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statem | | | | Retur | n |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 2,635,704. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | . 2a | | | 1 14 | |
| b | Prior year adjustments | | | | | |
| С | Losses reported on Form 990, Part IX, line 25 | . 2c | | | | |
| d | Other (Describe in Part XIV) | . 2d | 34,2 | 69. | | |
| е | Add lines 2a through 2d | | | L | 2e | 34,269. |
| 3 | Subtract line 2e from line 1 | | ••••• | | 3 | 2,601,435. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | 1 | |
| b | Other (Describe in Part XIV) | . 4b | | | | |
| С | Add lines 4a and 4b | | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | | | | 5 | 2,601,435. |
| | rt XIV Supplemental Information | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part | III, lines 1a | and 4; Part IV, li | nes 1b | and 2 | b; Part V, line 4; Part |
| | art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | | | | | |
| <u>SC</u> | <u>HEDULE D PAGE 4 PART XII , LINE 4B AND PAF</u> | RT XII | I LINE 2 | B | | |
| | | | | | | |
| | | | | | | |
| | | | | _ | | |
| TH | E ORGANIZATION DOES NOT REPORT NET RENTAL | INCOM | E ON IT' | S F. | <u> [NAN</u> | ICIAL |
| ~ m | 3 HENTEN # 24 060 OF TURNING BELLED HO DE | | | | | |
| ST | ATEMENT. \$34,269 OF EXPESNES RELATED TO RE | SUTALS: | REDUCED | BO, | <u>г.н т</u> | INCOME AND |
| T-1 3.7 | DENGEG | | | | | |
| EX | PENSES | | | | | |
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(Form 990)

832211 12-18-08

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31-1607866

THE PERSON IS

Schedule O (Form 990) 2008

| 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 |
| RENDELL TO SUPPORT A NEARLY \$1 BILLION BOND ISSUE FOR ENVIRONMENTAL |
| FUNDING; SAVING WATER AND STREAMS, PARKS AND UNDEVELOPED PRISTINE |
| AREAS AROUND THE STATE. THE ORGANIZATION ALSO PROVIDES EDUCATIONAL AND |
| TECHNICAL ASSISTANCE TO BUSINESS, 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 A, LINE 7A: POTENTIAL BOARD MEMBERS ARE |
| RENDELL TO SUPPORT A NEARLY \$1 BILLION BOND ISSUE FOR ENVIRONMENTAL FUNDING; SAVING WATER AND STREAMS, PARKS AND UNDEVELOPED PRISTINE AREAS AROUND THE STATE. THE ORGANIZATION ALSO PROVIDES EDUCATIONAL AND TECHNICAL ASSISTANCE TO BUSINESS, 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. |

NOMINATED BY EITHER THE PRESIDENT & CEO OR BOARD MEMBERS.

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

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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2008
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CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31-1607866

THEN INTERVIEWED FOR THE POSITION BY THE PRESIDENT & CEO AND ANY OTHER

INTERESTED BOARD MEMBERS. IF AGREEABLE TO JOIN THE BOARD, THE PERSONOS

NAME IS NOMINATED AND VOTED UPON BY THE FULL BOARD.

FORM 990, PART VI, SECTION A, LINE 10: AN ELECTRONIC DRAFT OF THE FORM 990

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

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 DIMISH THEIR CAPIACITY TO

SERVE. THIS WILL/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.

PENNFUTUREOS 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 PENNFUTUREOS MISSION, AS WELL AS PROVIDE AN

OPPORTUNITY FOR PENNFUTURE TO RECEIVE REVENUE THAT SUPPORTS ITS ACTIVITIES.

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

Schedule O (Form 990) 2008

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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2008
Open to Public Inspection

Name of the organization

CITIZENS FOR PENNSYLVANIA'S FUTURE

Employer identification number 31 – 1607866

| CITIZEND TOX TEMPORENTIAL DISCUSS SI 1007000 |
|---|
| 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 PUBLC MAY |
| APPEAR AT THE OFFICES OF ORGANIZATION FOR THE FORM 1024. ALL OTHER |
| INFORMAION IS AVAILABLE ON THE WEBSITE OR BY REVIEW AT THE ORGANIZATION'S |
| OFFICES. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| DISCLOSURE INFORMATION |
| ANY MEMBER OF THE GENERAL PUBLIC MAY APPEAR AT THE ORGANIZATIONS |
| OFFICES AND REQUEST TO INSPECT COPIES OF: |
| |
| - GOVERNING DOCUMENTS |
| - CONFLICT OF INTEREST POLICY |
| - FORM 990 |
| - FINANCIAL STATEMENTS |
| |
| IN ADDITION SOME OF THE INFORMATION IS AVAILABLE ON THE ORGANIZATIONS |
| WEBSITE |
| |
| SCHEDULE C, PART II-A |
| |

AMENDED RETURN INFORMATION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{832211}_{12-18-08}$

Schedule O (Form 990) 2008

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

| Name of the organization CITIZENS FOR PENNSYLVANIA'S FUTURE | Employer identification number 31–1607866 |
|---|---|
| SCHEDULE C, PART II-A WAS AMENDED TO REFLECT GRASSROOTS L | OBBYING AND |
| DIRECT LOBBYING. THE ORIGINAL RETURN INADVERTENTLY OMITT | ED THE |
| GRASSROOTS LOBBYING AMOUNT WHICH WAS INCLUDED IN THE DIRE | CT LOBBYING ON |
| LINE 1(B) OF THIS SCHEDULE C. | |
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4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **67** Identifying number

Name(s) shown on return

Business or activity to which this form relates

FORM 990 PAGE 10 31-1607866

| CIT | <u> </u> | VANIA'S FUI | URE FORI | <u> 1990</u> | PA | GE 10 | | 31-1607866 |
|--------------------------|--|--|--|--|-------------|----------------|--------------------------|----------------------------|
| Par | rt Election To Expense Certain Prop | erty Under Section 179 | Note: If you have any list | ed prope | rty, cc | mplete Part | V before you | ı complete Part I. |
| 1 N | Maximum amount. See the instruction | ns for a higher limit fo | or certain businesses | | | | 1 | 250,000. |
| | otal cost of section 179 property pla | | | | | | | |
| | hreshold cost of section 179 proper | | | | | | | 800,000. |
| | Reduction in limitation. Subtract line | | | | | | 1 | |
| _ | Pollar limitation for tax year, Subtract line 4 from I | - | | | | | | |
| 6 | (a) Description of | | (b) Cost (busine | | | (c) Elected | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | , | | | | | |
| | | | | | | | | |
| 7 L | isted property. Enter the amount fro | m line 29 | | 7 | | | | |
| | Total elected cost of section 179 pro | | | | | | 8 | |
| | Tentative deduction. Enter the small | | | | | | | |
| 10 0 | Carryover of disallowed deduction fro | om line 13 of vour 20 | 07 Form 4562 | | | ••••• | 10 | |
| | Business income limitation. Enter the | | | | | | | |
| | Section 179 expense deduction. Add | | | | | | | |
| | Carryover of disallowed deduction to | | | 3 | 3 | | ···· ·- | |
| | e: Do not use Part II or Part III below | | | | - 1 | | | |
| | rt II Special Depreciation Allow | | | le listed r | roper | tv.) | | |
| L | | | production (Do not more | | порог | ·J·J | | |
| 14 5 | Special depreciation for qualified pro | nerty (other than lists | ed property) placed in sen | vice durir | a the | tay yoar | 14 | |
| | Property subject to section 168(f)(1) | | | | - | - | | |
| | Other depreciation (including ACRS) | | | | | | | |
| 1 | rt III MACRS Depreciation (Do | | nerty) (See instructions) | | | | ., 16 | |
| 1 | - Minterio Depresidador (De | not molado notoa pre | Section A | | | | | |
| 17 N | MACRS deductions for assets place | d in convice in tay yes | | | | | 17 | 30,844. |
| | f you are electing to group any assets placed in s | | | | | | ï l' | 30,044. |
| 10 | | | During 2008 Tax Year L | | | | ation System | m |
| | 000110112 7.000 | (b) Month and | (c) Basis for depreciation | | | Tai Bepreen | l lon Oyste | 1.11 |
| | (a) Classification of property | year placed in service | (business/investment use only - see instructions) | (d) Reco perio | overy id | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | |
| 19a_ | 5-year property | | 39,298. | 5 YF | | HY | 200DB | 7,861. |
| | | | 1,000. | 7 YF | | HY | 200DB | 143. |
| | 7-year property | | 1,000. | / 11 | (D • | 111 | 20000 | 140. |
| <u>d</u> | 10-year property | | | | | | | |
| e_ | 15-year property | | | | | | | |
| | 20-year property | - | | 0.5 | | | 0,11 | |
| g_ | 25-year property | | | 25 y | | | S/L | |
| h | Residential rental property | / | | 27.5 | | MM | S/L | |
| | | / | | 27.5 | | MM | S/L | |
| i | Nonresidential real property | 1 | | 39 y | rs. | MM_ | S/L | |
| | | | | | | | | |
| _ | | / / / | D 1 0000 T 1/2 11 | | | MM | S/L | |
| 20a | | s Placed in Service | During 2008 Tax Year Us | sing the A | Altern | | | em |
| - | Class life | s Placed in Service | During 2008 Tax Year Us | | | | ciation Syst | em |
| b | Class life 12-year | s Placed in Service | During 2008 Tax Year Us | 12 y | rs. | ative Depre | S/L S/L | em |
| b | Class life 12-year 40-year | | During 2008 Tax Year Us | | rs. | | ciation Syst | em |
| c Pa | Class life 12-year 40-year irt IV Summary (See instructions | 3.) | During 2008 Tax Year Us | 12 y | rs. | ative Depre | S/L S/L | em |
| b c Pa | Class life 12-year 40-year ITT IV Summary (See instructions Listed property. Enter amount from I | / 3.) line 28 | | 12 y 40 y | rs. rs. | ative Depre | S/L S/L | em |
| b c Pa 21 22 | Class life 12-year 40-year IT IV Summary (See instructions Listed property. Enter amount from I Total. Add amounts from line 12, line | /s.) line 28 es 14 through 17, line | es 19 and 20 in column (g | 12 y 40 y | rs. rs. | ative Depred | S/L S/L S/L S/L | |
| b C Pa 21 22 | Class life 12-year 40-year IT IV Summary (See instructions Listed property. Enter amount from I Total. Add amounts from line 12, line Enter here and on the appropriate lir | / s.) line 28 es 14 through 17, line | es 19 and 20 in column (g rtnerships and S corpora | 12 y 40 y | rs. rs. | ative Depred | S/L S/L S/L S/L | 38,848. |
| b C Pa 21 22 | Class life 12-year 40-year IT IV Summary (See instructions Listed property. Enter amount from I Total. Add amounts from line 12, line | / ine 28 es 14 through 17, line nes of your return. Pa I in service during the | es 19 and 20 in column (g rtnerships and S corpora current year, enter the | 12 y 40 y), and line tions - ser | rs. rs. | ative Depred | S/L S/L S/L S/L | |

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) through (c) of Section A, all of Section B, and Section C if applicable.

| Sec | ction A - Depreciation a | nd Other In | formation (Ca | ution: S | See the in | structio | ons for li | imits fo | or passeng | ger auton | nobiles.) | | | | | |
|-----------|--|----------------------------|---|-------------------------------|------------------------------------|--------------------------|---|----------|---------------------------|------------------------------|---------------------------------|----------------------------------|-----------|------------------------------------|----------|--|
| 242 | Do you have evidence to s | support the bu | siness/investme | nt use cla | aimed? | Y | es 🗌 | □No | 24b lf "\ | es," is th | ne evidei | nce writt | en? | Yes | No | |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentag | nt1 | (d) Cost or her basis | | (e) Basis for deprecia (business/investmuse only) | | (f) Recovery period | (g) Method/ Convention | | (h) Depreciation deduction | | Elec sectio co | n 179 | |
| 25 | Special depreciation allo | owance for q | ualified listed | property | placed i | n servic | e durin | g the t | ax year ar | nd | | | | | | |
| | used more than 50% in | a qualified b | usiness use | | | | | | ********** | | 25 | | | | | |
| 26 | Property used more tha | n 50% in a c | ualified busin | ess use: | | | | | | | | | | | | |
| | | <u> </u> | 9 | 6 | | | | | | | | | | | | |
| | | 1 1 | | 6 | | | | | | | | | | | | |
| | | L : : . | · | 6 | | | | | | | | | | | | |
| <u>27</u> | Property used 50% or k | ess in a qual | ified business | use: | | | | | | 1 | | | | | | |
| | | <u> </u> | | 6 | | | | | | S/L - | | | | * | | |
| _ | | : : | | 6 | | - | | | | | S/L· | | | | | |
| _ | A 1 1 | | | 6 | | | | | | S/L· | | | | | | |
| | Add amounts in column | | | | | | | | | | | l | | | | |
| <u>29</u> | Add amounts in column | 1 (1), IINE 26. E | | | /, page 1 B - Infori | | | | | | | | 29 | | | |
| lf y | mplete this section for verous for verous to you provided vehicles to your vehicles. | | | | | | | | | | | | ng this s | section fo | or | |
| | | | | (a) | | (| (b) | | (c) | | d) | (e) | | (f |) | |
| 30 | Total business/investment | | - | Vehicle | | Vehicle | | ١ ١ | Vehicle | | Vehicle | | Vehicle | | Vehicle | |
| | year (do not include com | | | | | | | <u> </u> | | | | - | | | | |
| | Total commuting miles | | | | : | | | | - | - | | | | | | |
| 32 | Total other personal (no | - | | | | | | | | | | | | | | |
| 22 | driven | | ••••• | | | | | | | | | | | | | |
| 33 | Total miles driven durin | | | | | | | | | | | | | | | |
| 24 | Add lines 30 through 32 Was the vehicle availab | | | Voc | No | Vaa | Nia | V | N _a | V | NI- | | | | N | |
| 34 | during off-duty hours? | | | Yes | No | Yes | No | Yes | s No | Yes | No | Yes | No | Yes | No | |
| 35 | Was the vehicle used p | | more | | | | | | | 1 | <u> </u> | | | | | |
| 00 | than 5% owner or relat | | | | | | | | | | | | | | | |
| 36 | ls another vehicle availa | | | | | | | | | | | | | | | |
| - | _use? | • | | | | | | | | | | | | | | |
| | | | - Questions | for Emp | lovers W | /ho Pro | vide Ve | hicles | for Use I | ov Their | Employe | es | L | J | | |
| An | swer these questions to | | | | | | | | | | | | re not m | nore than | 5% | |
| | vners or related persons. | | | , | | | | | | • | | | | | | |
| 37 | Do you maintain a writt employees? | | tement that p | | | | | | - | _ | | r | | Yes | No | |
| 38 | Do you maintain a writt | en policy sta | tement that p | rohibits | personal | use of | vehicles | , exce | pt commu | iting, by | your | | | | | |
| | employees? See the in: | | | | | | | | | | | | | | | |
| | Do you treat all use of v | | | | | | | | | | | | | | | |
| 40 | Do you provide more the | | | | | | | | | | | | | | | |
| | the use of the vehicles, | and retain t | he information | receive | d? | | | | | | | | | | | |
| 41 | Do you meet the requir | | | | | | | | | | | | | | _ | |
| | Note: If your answer to | 37, 38, 39, ⁴ | 10, or 41 is "Ye | s," do n | ot comp | ete Sec | tion B f | or the | covered v | ehicles. | | | | | | |
| F | Part VI Amortization | | | <i>a</i> . | T | | | <u> </u> | | | | | | | | |
| | (a) Description | of costs | Dat | (b) amortization begins | į | (C) Amortiza amoun | ble it | | (d) Code section | ı | (e) Amortiza period or pe | ition | A fo | (f) mortization or this year | | |
| <u>42</u> | Amortization of costs to | hat begins d | uring your 200 | 8 tax ye | ar: | | ••• | | | | | | | | | |
| | | | | : .: | | | | | | | | | | | | |
| _ | | | | <u>: : :</u> | | | | | | | | | | | | |
| | 3 Amortization of costs t | | | | | | | | | | | 43 | | | | |
| 44 | 1 Total. Add amounts in | column (f). S | see the instruc | tions for | where to | o report | | | | | | 44 | | - | - 100- | |

4562

Department of the Treasury Internal Revenue Service (9 Name(s) shown on return

Depreciation and Amortization RENT

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OFFICE FACILITIES -

2008

Business or activity to which this form relates

Sequence No. 67
Identifying number

1

CITIZENS FOR PENNSYLVANIA'S FUTURE HARRIBURG PA 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. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 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 -0-5 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-. If married filing separately, see instructions (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 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 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 2009. 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. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 7,850 17 MACRS deductions for assets placed in service in tax years beginning before 2008 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 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (a) Classification of property (business/investment use (e) Convention (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property 7-year property 10-year property

| g | 25-year property | | 25 yrs. | | S/L | | |
|------------|------------------------------------|-------------------------------|----------------------------|------------|-------------|-----|--|
| h Resident | | / | 27.5 yrs. | MM | S/L | | |
| | Residential rental property | 1 | 27.5 yrs. | MM | S/L | | |
| | Name aid auticles along a service. | / | 39 yrs. | MM | S/L | | |
| | Nonresidential real property | / | | MM | S/L | | |
| | Section C - Assets | Placed in Service During 2008 | Tax Year Using the Alterna | tive Depre | ciation Sys | tem | |
| <u>20a</u> | Class life | | | | S/L | | |
| b_ | 12-year | | 12 yrs. | · | S/L | | |
| С | 40-vear | / | 40 vrs. | MM | S/I | | |

Part IV | Summary (See instructions.)

15-year property 20-year property

21 Listed property. Enter amount from line 28

22 Total, Add amounts from line 12 lines 14 through 17 lines 19 and 20 in column (a) and line 21

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

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

| Note: For any through (c) of | vehicle for wi Section_A, all | hich you are i of Section B | using the s , and Sec | standard tion C if | l mileage applicat | e rate or ble. | dedu | cting lease | expense | e, compl | ete only | 24a, 24 | lb, colum | ns (a) |
|--|----------------------------------|--------------------------------|-----------------------------------|--|--------------------------|---------------------------------------|---------------------------|--|------------|--|----------|--------------------------------------|------------|--------|
| Section A - Depreciation a | and Other In | formation (C | aution: S | ee the ir | nstructio | ons for li | mits fo | r passeng | er autom | obiles.) | | | | |
| 24a Do you have evidence to | support the bu | siness/investn | nent use cla | imed? | Y ₆ | es 🗀 | No | 24b lf "Y | es," is th | e evider | ce writt | en? | Yes 🗌 | No |
| (a) Type of property (list vehicles first) | of property Date Busiless/ | | it oth | (d) Cost or er basis (e) Basis for depreci (business/investruse only) | | stment | (f) Recovery period | ecovery Metho | | (g) (h) ethod/ ethod/ ethod/ ethod/ ethod/ deduction | | Elec sectio co | n 179 | |
| 25 Special depreciation all | owance for q | ualified listed | d property | placed | in servic | e durinç | g the t | ax year an | d | | | | | |
| used more than 50% in | | | | | | · · · · · · · · · · · · · · · · · · · | | | | 25 | | | | - 1 |
| 26 Property used more that | an 50% in a c | qualified busi | ness use: | | | | | | | | | | | |
| | <u> </u> | | % | | | | | | | | | | | |
| | <u> </u> | | % | | | | | | | | | | | |
| | | | % | | | | | <u> </u> | | | | | | |
| 27 Property used 50% or I | ess in a qual | ified busines | s use: | | | | | | 1 | | | | | |
| | <u> </u> | | % | | | | | 1 | S/L - | | | | | |
| | <u> </u> | | % | | | | | | S/L - | | | | | |
| | J : : : | | % | | | | | | S/L - | | | | | |
| 28 Add amounts in column | | | | | | | | | | | | | | |
| 29 Add amounts in column | <u>ո (i), line 26. E</u> | nter here an | d on line 7 | , page | <u>1</u> | <u></u> | | | | | | 29 | | |
| | | | Section E | | | | | | | | | | | |
| Complete this section for v If you provided vehicles to those vehicles. | | | | • | | | | - | | • | | ng this s | section fo |)r |
| | | | (; | a) | (| b) | (c) | | (0 | (d) | | ∍) | (f) | |
| 30 Total business/investment | t miles driven d | during the | Veh | icle | Vehicle | | ١ | /ehicle | Veh | icle | Vehicle | | Vehicle | |
| year (do not include com | ımuting miles) | | | | | | | | | | | | | |
| 31 Total commuting miles | driven during | g the year | | | | | | | | | | | | |
| 32 Total other personal (ne | oncommuting | g) miles | | | | | | | İ | | | | | |
| driven | | | | | | | | | | | | | | |
| 33 Total miles driven durinAdd lines 30 through 3 | | | | | | | | | | | | | | |
| 34 Was the vehicle availal | | | Yes | No | Yes | No | Ye | s No | Yes | No | Yes | No | Yes | No |
| during off-duty hours? | | | | | | | | | | | | | | |
| 35 Was the vehicle used | | | | | | | | | | | | | | |
| than 5% owner or rela | ted person? | | | | | | | | | | | | | i . |
| 36 Is another vehicle avail | | | | | | | | | | | | | | |
| use? | | | | | | | | | | | | | | |
| | Section C | - Questions | for Emp | loyers V | Vho Pro | vide Ve | hicles | for Use b | y Their E | Employe | es | | | |
| Answer these questions to owners or related persons. | | you meet an | exception | to com | pleting | Section | B for | vehicles us | ed by er | nployee | s who a | re not n | nore thar | 5% |
| 37 Do you maintain a writ | | atement that | prohibits a | all perso | nal use | of vehic | les. ind | cludina co | mmutina | by you | r | | Yes | No |
| employees? | | | - | | | | | _ | _ | | | | | 1 |
| 38 Do you maintain a writ | ten policy sta | atement that | prohibits : | ersonal | use of | vehicles | . exce | ot commu | tina, by v | our | | | • | |
| employees? See the in | | | | | | | | - | | | | | | |
| 39 Do you treat all use of | | | | | | | | | | | | | | |
| 40 Do you provide more t | | | | | | | | | | | | | - | 1 |
| the use of the vehicles | | • | | | | | - | | | | | | | |
| 41 Do you meet the requi | rements con | cerning quali | fied autom | obile de | monstr | ation us | e? | • | | | | | | |
| Note: If your answer to | | | | | | | | | | | | | | |
| Part VI Amortization | | | | | | | | | | | | | | |
| (a) Description | | | (b) ate amortization begins | | (c) Amortiza amour | able nt | | (d) (e Code Amerii section period or p | | e) rization A percentage fe | | (f) Amortization for this year | | |
| 42 Amortization of costs | that begins d | lurina vour 20 | | ar: | | | | 300.011 | | ranca or po | | | , 524 | |
| TE / WHO HEALION OF COSTS | at bogind u | | | | | | T | | | | | | | |
| | <u> </u> | | <u> </u> | | | | - | | | | | | | |
| 43 Amortization of costs | that began b | efore vous of | | ı | | | | | | | 43 | - | | |
| | | J. J. J. VUUI ZL | JU LEAN YER | A1 | | | | | | | 1 TU | | | |

Form 4562 (2008)